

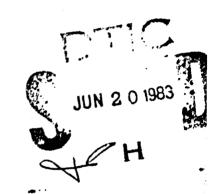


A FOUNDATION FOR SYSTEMS ANTHROPOMETRY: LUMBAR/PELVIC KINEMATICS

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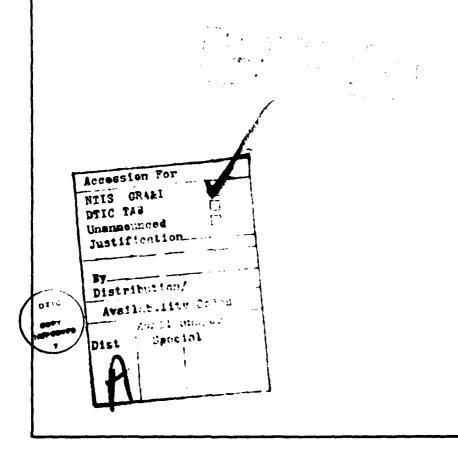
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Research protocol and results from System Anthropometry Laboratory's threedimensional investigation of the lumbar/pelvis linkage system are presented.
A stereoradiographic system measures three-dimensional coordinates of implanted targets in the skeletal system of an unembalmed cadaver seated in a wooden seat conforming to Air Force specifications. The cadaver is experimentally positioned to obtain three-dimensional data on lumbar extension, flexion, and lateral sidebending motions. Data are analyzed to provide a screw axis description of the instantaneous axis of rotation for each change of position.

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In addition, position vectors are calculated that describe locations of the bones in the lumbar/pelvic linkage system and a point on the screw axis closest to the origin of the bone frame of reference. The data are presented in three-dimensional coordinates measured in a laboratory with a spatial accuracy of approximately ±0.03 cm. The extensive references to measurement and measurement techniques studies offer a listing not presented elsewhere in the literature, or in other reviews of the literature, and with particular application to systems anthropometry, from the fields of anthropometry, osteology, kinematics, and three-dimensional measurement techniques.



PREFACE

Research reported herein was conducted under contract F33615-81-C-0506 with the Air Force Aerospace Medical Research Laboratory, U.S. Air Force, Wright-Patterson Air Force Base. This research investigation has been conducted in Systems Anthropometry Laboratory which has been constructed and supported by funds from the Air Force Office of Scientific Research, Air Force Aerospace Medical Research Laboratory, and the College of Osteopathic Medicine. Principal investigator is Herbert M. Reynolds, Ph.D., Associate Professor, Department of Biomechanics, Department of Anthropology, Michigan State University. Mr. Charles E. Clauser, Workload and Ergonomics Branch, Wright-Patterson Air Force Base, Ohio, acted as contract monitor; and Intz Kaleps, Ph.D., Chief, Mathematics and Analysis Branch, Biodynamics and Bioengineering Division, Wright-Patterson Air Force Base, Ohio, acted as Senior Technical Advisor.

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1.0 INTRODUCTION

1.1 STATEMENT OF LABORATORY RESEARCH OBJECTIVES

This report describes research conducted in the Systems Anthropometry Laboratory (SAL) at Michigan State University, from 21 February 1981 to 23 February 1982. This research represents a one-year effort within a continuing investigation of the three-dimensional Systems Anthropometry of the human body.

Basic laboratory research has been conducted in three-dimensional anthropometry for application in simulation studies of the human body. The multidisciplinary investigation of the three-dimensional position and mobility of the skeletal system has developed a methodology whereby kinematics, mass distribution properties, and muscle and ligament attachments can be described in comparable anatomical frames of reference. As a result, three-dimensional anthropometry can describe basic geometry of the human body for mathematical simulations.

1.1.1 Three-dimensional systems anthropometry

Anthropometry, as a subdiscipline of physical anthropology, has been used extensively to describe the static size and shape of the human body in the U.S. military for the past 40 years. With the advent of the high speed digital computer, and the development of computer-based simulations of the human body, functional body geometry (e.g., link length and segment mass) has been derived from anthropometric techniques and instruments developed in the nineteenth century to measure external body dimensions for human variation studies. The traditional dimensions of anthropometry are scalar quantities, representing body size and shape unique to the position in which the body is measured. To satisfy the more rigorous mathematical requirements of computer simulations and biomechanically representative anthropomorphic dummies, dimensions in anthropometry must be in vector quantities that are independent of body position. Establishing a three-dimensional anthropometry that meets this requirement has been the major objective of research in Systems Anthropometry for the past five years.

The new anthropometric data measure the spatial geometry of the whole body relative to a three-dimensional frame of reference, i.e. traditional anthropometric scalars are replaced with position vectors. A dedicated stereoradiographic laboratory has been constructed at Michigan State University and the basic research design has been described previously (Reynolds 1976, 1977, 1978, 1981). This report will provide data and analytical procedures illustrating Systems Anthropometry.

1.1.2 Improve biofidelity of human simulations

Simulations of the human body are currently used to model both ergonomic and dynamic environments. Increasingly difficult demands are made on the human operator with respect to the mental and physiological workload. For example, the need for accurate design of a workstation to fit the human operator is critical: ease of reaching for controls and sighting of instrument panels is highly related to work efficiency and fatigue. Furthermore, as the significance of the task increases, psychological

stress becomes a major factor in the ability of the human operator to perform the task. The physical environment must therefore be designed to accommodate the ergonomic geometry of different operators in the most efficient manner possible in order to reduce this element of fatigue (Frisch and D'Aulerio, 1980; Kroemer, 1973).

Equally as important to geometric accommodation is the design of the pilot's environment to minimize the risk of injury during a crash or ejection (Mohr, Brinkley, Kazarian, and Millard, 1969). Of particular importance, for example, is the question of how to position the pilot for an ejection event so that forces are distributed through the body in the least harmful manner. Thus, the position and mobility of the human body, especially the spinal column, must be carefully studied in order to design the best cockpit for personal protection in a high acceleration environment.

As research continues in the Systems Anthropometry Laboratory, data on the position and mobility of the human body in three-dimensional space will be measured and analyzed with the aim of providing accurate three-dimensional anthropometric and kinematic data for improving biosimulations. As a result, more accurate predictions of performance and response of the anthropomechanical system can be made with computer simulations.

1.1.3 Position and mobility of skeletal system

The human body can be modeled as a system of mechanical links that represent bones and joints: each bone represents a physical link connected at joints by soft connective tissue. Each bone, analytically, is a rigid body; two bones, including the intervening soft tissue, compose a relative motion segment. In the living body, muscles generate internal forces acting on bones across an anatomical (fulcrum) joint thereby creating motion or resistance to motion. The human body is, therefore, a living, moving mechanical system, with its relative link positions providing the geometry for all subsequent potential motions.

Continuing the analogy, in three-dimensional space, each of the approximately 68 links (excluding hands and feet) in the human body have six degrees of freedom. If the linkage system were not constrained by soft tissue, potential positions and motions of the human body which result from this linkage system would clearly be unmanageable in both number and complexity. An objective of this research program has been to develop a methodology that measures each link with six degrees of freedom in the anatomical system. A research design has been developed to measure motions in the whole intact body so that soft tissue constraints on joint mobility and segment position are representative of the living human body. In addition, mass distribution and moments which act passively on the spinal column and pelvis are similar to the living subject. Body positions have been limited to the seated subject and motions restricted to the lumbar and pelvic linkage system.

1.2 CURRENT LABORATORY RESEARCH OBJECTIVES

Current research objectives in SAL are twofold. First, the position of the skeletal system in an unembalmed cadaver has been measured with respect to an Air Force seat geometry. Second, the three-dimensional kinematics of the lumbar and pelvic linkage systems have been investigated in unembalmed cadavers. This report will present body position geometry

and kinematics of lumbar and pelvic linkage systems in an experimental design that will measure data as representative of the living human body as possible.

1.2.1 Position and size of skeletal system

Position of the body is being investigated to establish a representative initial posture. Accurate positional data in comparable anatomical frames of reference for variety of seated positions are necessary. These data must represent vertebral column geometries that are loaded and constrained in a manner representative of the living body. Excised vertebral columns cannot provide the required data since preloads and moments acting on the column in the intact body are not known. These, measured body positions must represent carefully controlled body postures.

Since all simulations of the human body incorporate body size as a parameter, a three-dimensional description of the human skeletal system must be related to body size. Variability in skeletal size has been initially studied in an investigation of three-dimensional size and shape of the adult pelvis as a function of body size defined by stature and body weight (Reynolds, Snow, and Young, 1981).

1.2.2 Three-dimensional kinematics

The lumbar and pelvic linkage systems are normally composed of five lumbar vertebrae, a sacrum, right and left hip bones. Each of these bones, considered separately as rigid bodies in a human linkage system, is measured in seated positions of a cadaver. Data obtained on unembalmed cadavers measured with the spinal column as part of the whole body are unique. The primary purpose of these measurements is to quantify the motion characteristics of the lumbar and pelvic linkage systems in three-dimensional space.

These data are measured with the cadaver sitting in a seat that approximates Air Force seat specifications, thereby providing three-dimensional coordinate data on the position of the pelvis (e.g., the H-point, lumbo-sacral joint, and ischial tuberosities) and lumbar vertebrae relative to the Seated Reference Point (SRP). The three-dimensional description of motion will be described by an axis of rotation for each of the motions located in both the SRP frame of reference and an anatomical frame of reference. With the utilization of the anatomical axis frame, the location of the axis of rotation can be described relative to other anatomical features (e.g., articular facets, vertebral body, and intervertebral disc) and compared between subjects.

A major objective of every anthropometric study is to measure human variation. The present investigation has developed a methodology whereby relative motions in the skeletal system are comparable between subjects. With data obtained in such a manner, it will be possible to:

- 1) Collect data in a sample and estimate variability in the population;
- 2) Compare motions so that differences between subjects can be studied;
- Test for a quantitative relationship between motion and skeletal geometry;
- 4) Evaluate the effect of other biological parameters, such as age and sex, in variability of motion parameters.

2.0 REVIEW OF LITERATURE

2.1 ANTHROPOMETRY AND OSTEOLOGY

Anthropometric investigations of the human body have seldom measured dimensions of the lumbar and pelvic linkage systems. Dempster (1955) established an anatomical linkage model for which he measured living subjects and cadavers to describe the link dimensions of the extremities, including the approximate location of the hip joint. For example, he described the hip joint as an area relative to Trochanterion, an anthropometric landmark in a measure of leg length (Martin, 1928). Dempster observed that Martin's definition of Trochanterion could be used to estimate the location of the hip joint center within a circle with a radius of approximately 1 cm.

Subsequent to Dempster's work, which did not investigate the spinal column, the Air Force Aerospace Medical Research Laboratory sponsored a program at The University of Michigan's Highway Safety Research Institute. The Torso Linkage Study conducted by Snyder et al.(1972) investigated the geometry of the spinal column relative to various locations of the elbow. The relationship between hip joint and shoulder joint was not established; and the formulations of joint kinematics in the vertebral column were described in predictive terms, thereby making the data difficult to utilize in other spinal simulations.

Another anthropometric program, sponsored by the automotive industry, measured the two-dimensional location of the hip joint center in an automotive seated position (Geoffrey, 1961). A review of engineering anthropometry for the automotive industry made by Robbins and Reynolds (1975) concluded that the current state of anthropometric data did not meet requirements of physical (e.g., anthropomorphic dummies) or computer simulations of the human body.

Lanier's osteological study of the presacral vertebrae (1939) has been used for initial estimates of vertebral geometry in a finite element model of the disc (Belytschko, Kulak, Schultz, and Galante, 1974) and a model of the spine and rib cage (Andriacchi, Schultz, Belytschko and Galante, 1974). More recent investigations of pelvic geometry have been those by Pope et al. (1977b) and Reynolds, Snow and Young (1981); the latter investigation provides the most extensive data available on three-dimensional pelvic geometry.

Several fundamental problems must be considered when traditional anthropometric and osteological data are utilized:

- a) These data have been collected from different populations without sampling to match body size parameters.
- b) The data are presented as scalar quantities from which estimates of position vectors must be made.
- c) The geometry has not been related to joint kinematics and therefore requires major assumptions regarding range of motion and type of motion data derived from other studies.

In conclusion, an integrated set of anthropometric and osteological data are needed to provide the basic geometric data on the human skeleton for dynamic simulations.

2.2 JOINT KINEMATICS

Motions of the body, whether from internally or externally generated forces, are dependent upon the initial position of the rigid bodies composing the system. As will be pointed out in the following literature review on joint kinematics, anatomical structures place constraints on the kinematics of a motion segment. Thus, the position of the rigid body as well as the structure's geometry are independent parameters in human kinematics.

2.2.1 Position and skeletal geometry

Current state of knowledge of body position and skeletal geometry is reflected in current models such as developed by Andriacchi, Schultz, Belytschko and Galante (1974). Their model geometry is based upon investigations of vertebrae geometry (Lanier, 1939; Schultz, Benson, and Hirsch, 1974b), rib cage geometry (Schultz, Benson, and Hirsch, 1974a), and traditional anthropometric dimensions of embalmed cadavers (Clauser, McConville, and Young, 1969) and the living body (Damon, Stoudt, and McFarland, 1966). Thus, the basic geometry of the spinal column and rib cage is described by combining different, unrelated studies.

Two other parameters are needed for a complete definition of spinal geometry: intervertebral disc space (Todd and Pyle, 1928; Pope, et al., 1977a; Andersson, et al., 1981) and spinal curvature or posture (Keegan, 1953; Mohr, et al., 1969; Milne and Lauder, 1974; Patrick, 1976). There are, therefore, substantial sources of data for describing various spinal geometry parameters, but the precision of the total system geometry is weakened by the lack of a complete anthropometric investigation that describes relationships between all of these parameters.

2.2.2 Lumbar kinematics

Research investigations of joint kinematics in the lumbar linkage system may be divided into two categories. The first is composed of those investigations of living subjects in which range of motion either for the whole lumbar region or between vertebral pairs is made; the second is composed of investigations of cadaveric material. Most of these studies have measured motions of two vertebrae, intervening disc, and all attached ligaments (i.e., a motion segment).

Within those investigations of living subjects, there have been two measurement techniques used: radiographic (Bakke, 1931; Begg and Falconer, 1949; Olsson, Selvik, and Willmer, 1977) and goniometric (Clayson et al., 1962; Troup, Hood, and Chapman, 1968; Loebl, 1967; Anderson and Sweetman, 1975). Bakke (1931) studied the intervertebral ranges of motion in 24 females and 20 males ranging in age from 3 to 79 years. Using planar radiographs, he measured the intervertebral angle representing the range of motion in the sagittal (flexion-extension) and frontal (lateral side-bending) planes. Continuing the same type of study, although with a greater emphasis on clinical applications, Begg and Falconer (1949), Tanz (1953), Froning and Frohman (1968), and Pennal, et al., (1972) measured the two-dimensional range of motion in "normal" subjects and patients. Considerable variation between subjects was shown in these investigations.

All investigators acknowledged the difficulty of deriving accurate data from planar radiographs; but the potential benefit in using

radiographic findings to assist clinical diagnosis outweighed the difficulties. A particular clinical model describing low back pain etiology was investigated by Knutssen (1944) and Hagelstam (1949) in radiographic examinations which attempted to determine whether retroposition of a vertebrae was associated with disc degeneration. Their results were promising although limited by a two-dimensional radiographic technique.

The development of three-dimensional radiographic measurement techniques provided the possibility of a closer examination of differences arising from investigating a three-dimensional problem with two-dimensional methods. With three-dimensional capabilities, position with six degrees of freedom can be measured, enabling coupled motion (White and Panjabi, 1978), for example, in lateral bending of the lumbar spine, to be investigated.

Two different quantitative radiographic techniques to measure three-dimensional data have been developed. Biplanar radiography (Suh, 1974) has been used in clinical studies in the United States (Brown, Burstein, Nash, and Schock, 1976; Stokes, Medlicott and Wilder, 1980), whereas stereoradiography (Selvik, 1974) has been used more frequently in European clinical studies (Olsson, Selvik, and Willner, 1977; Egund et al., 1978).

In contrast, stereoradiographic investigations utilize implanted targets (Aronson, Holst, and Selvik, 1974); whereas biplanar radiographic investigations use anatomical features as landmark targets (Rab and Chao, 1977). The degree to which the same point can be identified on two separate, distinct views of the spinal column has been discussed (Sherlock and Aitken, 1980; Reynolds and Hubbard, 1980). Rab and Chao's investigation indicates an error due to point identification in three-dimensional data, the magnitude of which Marcus (1980) points out would produce loss of accuracy and precision in the screw axis analysis.

From clinical investigations of spinal motion, little data can be derived for describing normal motions, location of the instantaneous axis of rotation, or other quantitative properties of joint kinematics in the spinal column. Rolander (1966) conducted the most extensive investigation of the lumbar spine to date. He studied excised lumbar vertebrae: motion segments (two vertebrae with ligaments and intervening disc) from 38 autopsy subjects with ages of 4 to 76 years. The specimens were sealed in bags and frozen at -29 °C until used in the experiment. The experimental tests were made without simulating an in vivo environment, thereby creating uncontrolled artifact in the data due to dehydration of the ligaments and intervertebral disc. Measurements of motions in the three cardinal planes were recorded for translation and rotation as a function of the relative location of the load. Data on all motion segments were grouped for analysis, thereby precluding the possibility of evaluating differences between them. However, the ranges of motions in the three cardinal anatomical planes were: 1° maximum rotation in the horizontal plane, 6° maximum rotation in the sagittal plane, and 5.5° maximum rotation in the frontal plane.

Rolander's results point out for lumbar vertebrae that:

- 1) there are small translatory components (\pm 1-2 mm) in normal motion segments;
- 2) there are changing instantaneous centers of rotation for normal spinal segments;

3) instantaneous centers of rotation for motion in the sagittal and frontal planes tend to lie in the disc on the side of a line passing through the disc center and opposite to the direction of motion (e.g., dorsal side for lumbar flexion, and ventral for lumbar extension);

4) the articular facets play an important role in determining the

amount of motion in the vertebral motion segments.

Cossette, Farfan, Robertson and Wells (1971) measured the location of the instantaneous axis of rotation for motion in the horizontal plane. The L3-L4 motion segment was obtained from 12 unembalmed cadavers. A couple was applied to the third lumbar vertebral body, thereby generating a torque about the longitudinal axis for a maximum 6° or less rotation to one side. The centers of rotation were found to lie in the posterior region of the vertebral body and generally on the side in the direction of the rotation. The authors also point out that their experiment illustrates the significant role of the facets in determining the limits and range of motion in the lumbar vertebrae.

Gregerson and Lucas (1967) investigated in living normal males the amount of axial rotation in the transverse plane for motions in the thoracolumbar spine while walking on a treadmill, standing and sitting erect. They reported an increase in the total range of motion in axial rotation from the sacrum up through the lumbar and thoracic vertebrae with a total of 9° rotation between the first and fifth lumbar vertebrae in one subject in the standing position. Sitting significantly decreased the amount of rotation in the lumbar region, particularly at the lumbosacral joint (e.g., in one subject, 9° rotation standing versus 3° rotation sitting).

Based upon these studies and their interpretation of the results, White and Panjabi (1978) estimated the maximum amplitude range of rotatory motion in the lumbar spine about each of the cardinal axes. They estimate going up the column from L5-S1 to L1-L2 a range of motion in flexion-extension from 20° to 12° rotation, in lateral bending from 3° to 6° rotation, and in axial rotation 5° to 2° rotation. These values are less than those reported by Bakke (1931) as summarized in Schultz (1974). Thus, at present, the results in the literature on motion in the lumbar spine are inconclusive, particularly when a linkage representation is desired.

2.2.3 Pelvic kinematics

The pelvis has not traditionally been viewed as an anatomical structure within which there are physiological motions. Forces acting on the pelvis (Jensen and Davy, 1975) and hip joint (Hirsch, 1965; Rydell, 1965) have been investigated; hip joint sphericity has also been extensively studied (Blowers, Elson and Korley, 1972; Clarke, Fiske and Amstutz, 1979). Reynolds (1980) reviewed the literature on motions between the sacrum and hip bones, and reported preliminary data which suggested that 1°-2° rotation of the sacrum relative to the hip bone occurred during maximum movements of the leg. Weisl (1954a, 1954b, and 1955) had previously investigated the sacroiliac joint and found the greatest movement of the sacrum to be about an axis 5-10 cm vertically below the sacral promontory. Wilder, Pope and Frymoyer (1980) have proposed that axes of rotation vary considerably and occur with substantial relaxation of ligaments and corresponding separation between the joint surfaces. Their conclusions are

based upon a topographical examination of the sacroiliac joint in eleven anatomical subjects whose pelvic bones were removed, cleaned and measured. Weisl (1954b) had previously investigated the topography of the joint with the cartilage still attached. Weisl's studies imply that there are probably differences between kinematic inferences based upon a cartilagenous versus osteological preparation of the joint surface.

Consequently, the question of sacral motion remains open both with respect to amount and location. There is, however, a corollary question concerning the pubic symphysis. That is, do the two hip bones also move relative to each other, requiring motion at the pubic symphysis? Motion in the pelvis has been studied for clinical application (Reynolds, 1980), but its significance for simulation of the lumbar and pelvic linkage systems remains a matter for investigation.

3.0 EXPERIMENTAL PROTOCOL

3.1 DESCRIPTION OF LABORATORY: AN OVERVIEW

The Systems Anthropometry Laboratory was constructed in 1977-78 at Michigan State University. The laboratory consists of three rooms: x-ray room, darkroom, and computer analysis room. Quantitative data from stereoradiographs are gathered through a complex experimental design developed for this research investigation.

3.1.1 Radiographic facility and instrumentation

The radiographic facility is composed of two rooms: x-ray and dark-room. The x-ray room is equipped with two Dynamax 42-40 x-ray tubes (1.0-2.0 mm focal spots, 15 degree targets) and an AMRAD Craig I generator (maximum output 500 mA @ 125 kVp or 600 mA @ 100 kVp). The two x-ray tubes are mounted on a steel beam, which is attached to a three-dimensional Siemens tube mount that can be positioned with 5 degrees of freedom. The distance between the focal spots is 74.72 cm.

The film cassette holder consists of two parallel aluminum tracks which hold a Liebel-Flarsheim film grid (64"-85" focus, 12:1 grid ratio) in front of a 14" x 36" film cassette with 3M TRIMAX 12 intensifying screens for use with TRIMAX XD radiographic film. The film cassette holder moves with three degrees of freedom providing a film plane 148 cm wide by 272 cm high.

Quantitative stereoradiography in SAL requires a vertical film plane. Vertical and horizontal movements of the film cassette holder are made on stainless steel tracks. Two sets of tracks have two pillow blocks on each track with milled .635 cm aluminum plates mounted to define a vertical film plane. The vertical film plane is perpendicular to a horizontal plane defined by a bubble level accurate to 30 seconds of arc. Steel beams $1.27~\rm cm~x~7.62~cm~x~261.62~cm~are~attached$ to each side of the vertical track channels. The channels are straightened by set screws spaced $15.24~\rm cm~apart~along$ the length of the steel beams. As a result, the film moves in a vertical plane.

3.1.1.1 <u>Laboratory axis system: wire grid</u> The laboratory axis system (i.e., inertial axis system) is defined by a wire grid lying in a plane parallel to the film plane (Figure 3.1). When facing the wire grid, the origin of the axis system is located at the bottom lefthand intersection of two vertical and six horizontal wires.

The perpendicular distance of each wire grid intersection from a milled aluminum plate on the film cassette holder has been measured by a depth gauge. After careful alignment of the wire grid, the plate and wire grid are parallel within + 0.0127 cm. The coordinates (Table 3.1) of all intersections between the vertical and horizontal tungsten wires have been measured with a vernier caliper. The coordinates of these 12 intersections are used in the digitizing program. When a film pair is digitized, the operator measures the same wire intersection (Figure 3.1) for each film. In this manner, the film plane is spatially tracked in the inertial frame of reference and can, therefore, be moved to any position behind the wire grid.

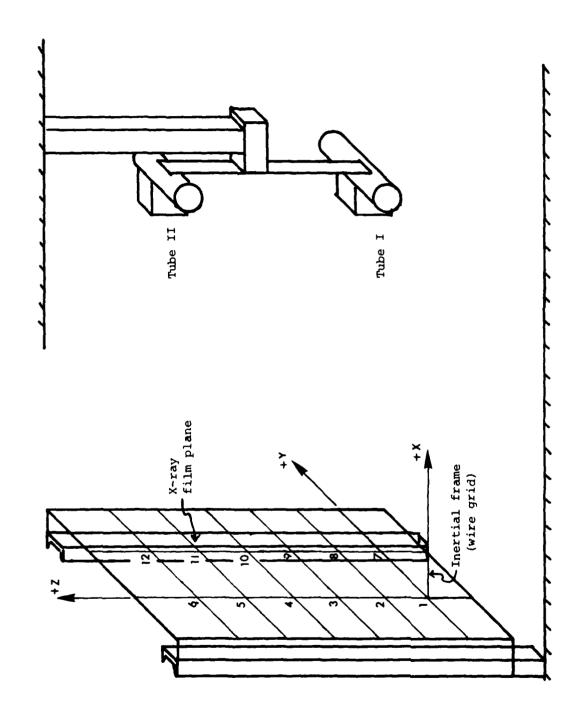


Figure 3.1. Schematic of Laboratory wire grid, film plane, and X-ray tubes.

Target Cool		rdinates	Target Coor		dinates	
#	Y	Z	# Y		Z	
	(cm)	(cm)		(cm)	(cm)	
1	0.000	0.000	7	30.530	0.000	
2	0.000	30.455	8	30.530	30.455	
3	0.000	60.980	9	30.530	60.980	
4	0.000	91.530	10	30.530	91.530	
5	0.000	121.950	11	30.530	121.950	
6	0.000	152.435	12	30.530	152.435	

Table 3.1. Coordinates of wire grid intersection points.

This wire grid forms the yz plane of the laboratory axis system. The wire grid is 6.30 cm in front of the film plane. In Figure 3.1, a right-handed orthogonal axis system is depicted. The film plane is indicated, as well as the relative location of the x-ray tubes. All data labeled "inertial axis system" in this report will be in coordinates relative to the wire grid origin.

3.1.1.2 Chair design Investigations of the cadaver's seated positions are made in a hard seat, shown in Figure 3.2. The wooden seat, constructed at the Air Force Aerospace Medical Research Laboratory, represents a typical Air Force seat geometry. With respect to the horizontal (xy) plane, the seat pan forms a 6° angle and the seat back forms a 103° angle.

The seat back has been modified by SAL so that lumbar extension is experimentally controlled. A radio-translucent, adjustable support for the lumbar region has been constructed of a curved plexiglass plate mounted on a 2.54 cm diameter nylon screw with a ball-and-socket joint between plate and screw. This support device is adjustable for different heights on the chair back. The seat back, Seat Reference Point (SRP), and curved plexiglass plate are targeted with tungsten-carbide balls.

3.1.1.3 <u>Calibration devices</u> In the current digitizing algorithm, focal length calculation and merger of the two radiographic digital images use two targets on a glass rod. These two targets are designed on a line perpendicular to the film plane. In the present data, the targets are separated by a distance of 35.44 cm. (See arrowheads in Figure 3.2). In addition, a quartz cube with its corners targeted serves as a check for quality control in the digitizing.

3.1.2 Analytical facility and instrumentation

The analytical facility is composed of a Talos SR 640 x-y digitizer (accuracy + 0.013 cm) and a General Automation 16/460 minicomputer (64K x 18 bit MOS parity memory). The digitizer is back-lighted with an active 76 cm x 101 cm electrostatic digitizing surface. Each film is digitized on this device which has output to both the minicomputer and a terminal. The digitizing program, described in Section 4.0, prompts the digitizer with the digitizing protocol. Upon completion of digitizing the three-dimensional coordinates are stored on hard disc. After the data are reviewed for errors, there is a Tektronix 4014 graphic terminal and a Tektronix 4662 x-y plotter available for graphical analysis.

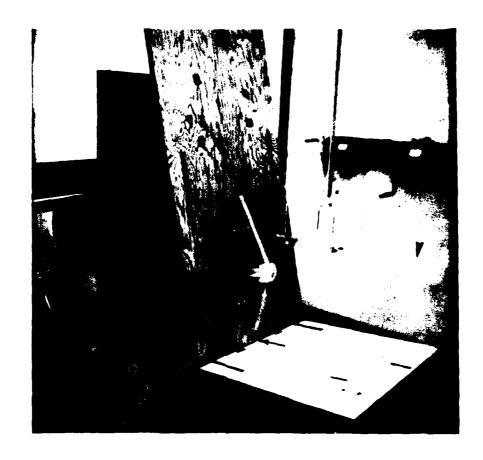


Figure 3.2. Position of Air Force chair, glass rod, quartz cube in front of laboratory wire grid and film cassette holder ("0" marks origin of laboratory axis system on wire grid).

3.2 SUBJECT PROTOCOL

3.2.1 Subject selection and description

The availability of suitable cadavers has severely restricted the amount of data obtained. The main criteria are age (maximum age of 70 years), body size (no obese subjects), and general condition of the musculoskeletal system at time of death. Of the three criteria, age is the most restrictive for obtaining subjects.

As a result, only data and analysis on Subject #18 have been reported. The subject was a 59-year-old white male who died of an acute myocardial infarction. The anthropometric measures, made on the supine body according to procedures described in Chandler, et al., (1974) are listed in Table 3.2.

Stature	173.6 cm
Weight	70.00 kg
Suprasternale Height	143.1 cm
Left ASIS Height	99.1 cm
Right ASIS Height	93.1 cm
Symphysion Height	89.0 cm

Table 3.2. Anthropometric dimensions of Subject #18.

3.2.2 Cadaver targets

After taking clinical radiographs to check for any observable pathology, e.g., osteoarthritis, etc., the cadaver is targeted with .8 mm diameter tungsten-carbide balls that are implanted with a spring-loaded instrument (Aronson, Holst and Selvik, 1974). Six balls are implanted in each vertebra: two on the dorsal spine and two each on the right and left sides of the neural arches and transverse processes. Each ball is pressed firmly into bone so that it moves with the bone.

The bones targeted for Subject #18 were as follows:

Cervical vertebra: 7
Thoracic vertebrae: 1, 4, 8, 11, 12
Lumbar vertebrae: 1, 2, 3, 4
Sacrum

Right and left hip bones (Innominates)

Subject #18 had a sacralized fifth lumbar vertebra and the twelfth thoracic vertebra had only a right rib. This subject has an anomalous spinal column (Wigh, 1980) with a transitional Tl2 and a sacralized L5.

3.2.3 Measurement positions

After each bone in the cadaver position investigation is targeted, the subject is positioned in the hard seat; and the torso is sequentially moved to different body positions in the sagittal and frontal planes. Ten positions have been measured: six in lumbar extension (LBAR 3.0 - 5.5); one seated erect position (SEATERCT); two in lumbar flexion (SEATEDP1 and SEATEDP2); and one lateral bending position to the subject's right (SIDEBEND).

Figure 3.3.a depicts the subject in the erect position. In order to place the body in this position, the buttocks are moved as far back into the seat as possible and retained there by a strap passing inferior to the anterior superior iliac spines and superior to the pubic symphysis. The torso is restrained against the chair back by a second strap across the chest. A rubber block is placed behind the neck, and the head is restrained by tape. This position approximates an erect seated position in a living body, but only passive body mass preloads the spinal column.

Figure 3.3.b is an example of a lumbar extension position. The curved plate of the lumbar device pushes on the back in the upper lumbar region. The experimental procedure begins with a maximum lumbar extension position and the curved plate is moved toward the seat back in 0.5 cm increments. The positions in lumbar extension are labeled LBAR 3.0-5.5, referring to the relative amount of displacement of the curved plate, with LBAR 5.5 being the maximum lumbar extension. The lumbar extension device is

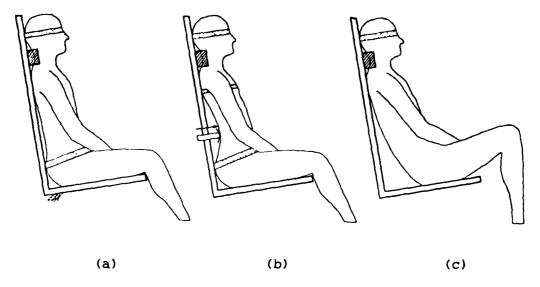


Figure 3.3 Subject seated in a) erect position (SEATERCT), b) lumbar extension position (LBAR), c) lumbar flexion position (SEATEDP1 and SEATEDP2).

positioned by finding a vertical location in which the lumbar vertebrae extend with minimum resistance.

Figure 3.3.c illustrates a lumbar flexed position with only the head and upper torso restrained against the chair back. The pelvis has been rotated away from the chair back and the posture is slumped. This position is typical of SEATEDP1 and SEATEDP2.

A right lateral side bending position (SIDEBEND) is not illustrated. As in lumbar flexion, only the head and upper torso are restrained.

3.2.4 Skeletal preparation and bone targets

Following completion of the radiographic study of body position, the bones of spinal column and pelvis are removed from the body. The bones are cleaned, and radiographs are made to locate and identify cadaver targets in the bones. For Subject #18, two targets remained in L4, one in L3-L2, three in L1, two in T12, three in the sacrum, and one in the right innominate.

The original location of missing targets has been estimated by measuring distances from the targets remaining in the bone. For bones with two targets remaining, a third target has been glued on the bone at the intersection of two radii representing the distances to a third target in the cadaver position data. In some instances, there is an impression in the bone where the target had been implanted, and the target is replaced.

After the cadaver targets are located, stereoradiographs are made and the target images are digitized. Three-dimensional distances are calculated between every pair of the three targets, providing a basis for evaluating the accuracy of target identification. Subsequent to identification of the cadaver targets on the cleaned bones, anatomical pointmark targets (.8 mm tungsten-carbide balls) are glued in place on each bone. A target is glued in the geometric middle of each facet on the vertebrae, at the ends of right and left transverse processes, on the

dorsal spine, and three targets on the rim of the inferior vertebral body surface. Three targets are glued on the base of the sacrum, and one target is positioned in both the sacroiliac joints at the intersection of two lines bisecting the superior and inferior poles of the joint surface. The innominate bone has a pointmark glued on corresponding to the sacroiliac junction point on the sacrum as well as a point representing the posterior superior iliac spine.

Stereoradiographs of the bones with both cadaver targets and anatomical pointmarks are made. To reduce the effect of experimental errors arising from experimental procedures, the bones are placed on the chair back at approximately their location during the cadaver study; and the coordinate locations of the quartz cube and glass rod are closely matched to the corresponding X, Y, Z coordinates in the cadaver motion film pairs. When the BONES steropairs meet these requirements, then the cadaver targets and anatomical pointmarks are digitized and added to the data base Subject #18.

4.0 FILM DATA REDUCTION

4.1 INTRODUCTION: OVERVIEW AND EQUIPMENT REQUIREMENTS

Radiographic images of targets on the skeletal system, glass rod, quartz cube, seat and wire grid are measured to describe the three-dimensional position of the seated cadaver. The three-dimensional coordinates of each target are calculated from measurements of two radiographic films comprising a stereoradiographic film pair (Figure 4.1). The data reduction process depends upon accurate measurements, an interactive computer program, and careful editing procedures to assure consistent data. A description of these procedures, including the basic stereoradiographic algorithm for calculating the three-dimensional coordinates, are presented in the following section.

4.1.1 Film data reduction

The film data reduction process consists of the following steps:

1) Target names are entered into a computer file. This computer file will be used throughout the film data reduction process to check for consistent use of the same target names.

2) A double exposure of the glass rod is measured to obtain focal

length.

3) Targets on a stereoradiographic film pair of the cadaver are measured. Both Steps 2 and 3 use a program, "DIGITZ", which contains the complete algorithm, discussed in Section 4.2.

4) The three-dimensional coordinates calculated in "DIGITZ" are checked for consistent distances between every pair of targets on a bone in all body positions of the cadaver. If the distances are consistent, the three-dimensional coordinates are saved and used in the analysis of body position and mobility.

5) Stereoradiographic film pairs of the excised bones with cadaver targets amd anatomical pointmarks are made and digitized as in Steps 1, 2, and 3 above. The distances between cadaver targets, measured on films of the excised bones, are compared to distances representative of the target positions in all body positions of the cadaver. If the comparison establishes consistency in the data, the three-dimensional coordinates of cadaver targets and anatomical pointmarks are saved as BONES data and used in the analysis of body position and mobility.

6) Every stereoradiographic film pair is digitized several times, and the average and standard deviations are calculated. This procedure minimizes the effect of variation caused by human error in positioning the cursor of the digitizing board and inaccuracy of the digitizer. (Human error is approximately \pm .02 cm and the Talos digitizer is specified at \pm .013 cm.)

4.2 DIGITIZING ALGORITHM

The digitizing algorithm, outlined by Reynolds, Hallgren, and Marcus (1982), has had many subsequent versions with substantial improvements to the accuracy of the resulting data. The algorithm discussed in the



Figure 4.1. Stereoradiographic film pair of Subject #18. Tube II image is on left and Tube I image on right. Photographs have been retouched to indicate cadaver targets on film (.8 mm balls).

following section is based upon the current version. Suggested improvements will be discussed in this section, and they will be incorporated in subsequent versions.

4.2.1 Coordinate systems

The digitizer has a two-dimensional axis system. This axis system in which x- and y-coordinates of film targets are input to DIGITZ has its origin at the bottom left-hand corner of the digitizer board.

A film three-dimensional coordinate system is defined parallel to the laboratory axis system. The y-coordinate axis is parallel to the horizontal wire image; the z-coordinate axis is parallel to the vertical wire image; and x axis is normal to the film and is defined by the right-hand rule. Origin of this coordinate system is located at the tube II image of a selected wire target.

The stereobase coordinate system is defined in the film plane by the projection of a line joining the two focal spots of the x-ray tubes. The origin of this axis system lies at the midpoint of this focal spot line. 2, 2, and 2 are defined as shown in Figure 4.2.

The <u>inertial frame</u> of reference, discussed previously is the fixed laboratory coordinate system. Its origin is located at the lowest left intersection of the wire grid: the y-axis is the lowest horizontal wire, the z-axis is the left vertical wire, and the x-axis is normal to the wire grid plane defined by the right-hand rule (see Figure 4.3).

4.2.2 Focal length computation

All three-dimensional coordinates of cadaver targets, chair targets, etc., are calculated with measurements from a pair of films. Constants in the algorithm are the stereobase (SB = distance between focal spots of x-ray tubes), y and z coordinates of all wire targets, distance of wire grid from the film plane, and the distance separating the glass rod targets.

Focal length, distance of x-ray tubes from film plane (Figure 4.2), is calculated assuming the glass rod is perpendicular to the film plane,

$$FL = \frac{(\Delta_1 + SB)(\Delta_2 + SB)(LEN)}{SB(\Delta_1 - \Delta_2)}$$
 (1)

where LEN = length of glass rod, SB = stereobase length, Δ_1 = parallax for glass rod target on double exposure farthest from film, and Δ_2 = parallax for glass rod target on double exposure closest to film.

4.2.3 Target data input

DIGITZ is the computer program used to calculate three-dimensional coordinates. Operationally, the tube II film is digitized first, then the tube I film is digitized. On each film, wire targets, glass rod targets, quartz cube targets, cadaver targets, and chair targets are digitized. The wire, rod, and quartz cube targets are used first to merge the two-dimensional anatomical and chair data from the film into three-dimensional data in the inertial frame. Second, these targets are used to check the accuracy of the results.

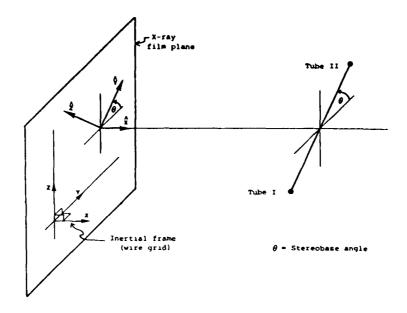


Figure 4.2. Stereobase axis system.

4.2.4 Stereo image data reduction

Tube I x-ray results are merged with tube II x-ray results as if they are on a double exposure: the "central projection theorem" implies that on a double exposure, the slope of a line joining the tube I and tube II image of a target is constant for all targets.

constant slope =
$$\frac{(Y_{II} - Y_{I})}{(X_{II} - X_{I})} = \tan \theta$$
 (2)

For a double exposure, X_{I} , Y_{I} are the tube I image coordinates of a target in the digitizer axis system. X_{II} and Y_{II} are the corresponding tube II image coordinates. θ is the stereobase angle with the y-axis of the inertial frame of reference.

For a stereo pair, tube I and tube II images are on different films.

constant slope =
$$\frac{(Y_{II} - Y_{I}) + t_{Y}}{(X_{II} - X_{I}) + t_{X}} = \tan \theta \quad (3)$$

Where t_{x} and t_{y} are the same for all targets on the stereo pair, and the x and y quantities needed to subtract from the tube I image to merge the two films into the mathematical equivalent of a double exposure.

Rewriting equation (3) for the ith target,

$$\tan \theta (\Delta X_i) + K = \Delta Y_i$$
 (3a)

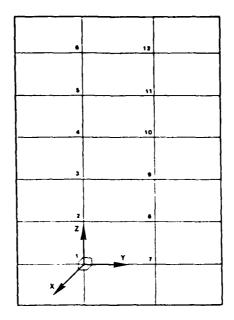


Figure 4.3. Inertial frame defined as shown on wire grid. Intersection points are numbered for computer identification.

where,

$$\Delta X_{i} = (X_{II} - X_{I})_{i}$$

$$\Delta Y_{i} = (Y_{II} - Y_{I})_{i}$$

$$K = t_{x} \tan \theta - t_{y}$$

Applying this to all wire, rod, chair and quartz cube targets,

$$\begin{bmatrix} \Delta X_1 & 1.0 \\ \Delta X_2 & 1.0 \\ \vdots & \vdots \\ \Delta X_N & 1.0 \end{bmatrix} \begin{bmatrix} \tan \theta \\ K \end{bmatrix} = \begin{bmatrix} \Delta Y_1 \\ \Delta Y_2 \\ \vdots \\ \Delta Y_N \end{bmatrix}$$
(3b)

or,

$$[A][X] = [b] \tag{4}$$

where [A] and [b] consists of known measurements from the film and [X] consists of the unknown t_x , t_y and θ . This equation can be solved by premultiplying equation (4) by the transpose of [A].

$$[A]^{T}[A][X] = [A]^{T}[b]$$
 (5)

The solution for [X] then is given by,

$$[X] = [[A]^{T} [A]]^{-1} [A]^{T} [b]$$
 (6)

where A is an N \times 2 matrix, and N is usually 25, depending upon the number of appropriate targets in the film. Thus, tube I and tube II data are known as if they are on a double exposure. When these calculations are completed, the data are in the film three-dimensional coordinate system.

The stereobase coordinate system is numerically defined for ease in calculating three-dimensional target locations. First, the origin of this coordinate system (as shown in Figure 4.2) is calculated. Since the stereobase angle θ is known from above, all image data are transformed into this coordinate system. Solving the equation for the origin of the stereobase coordinate system employs a 6 x 6 matrix. The linearity of the equation is obtained by assuming the glass rod is perpendicular to the film plane. This assumption is a source of error in the three-dimensional coordinates.

The three-dimensional coordinates are computed in the stereobase coordinate system using simple trigonometric ratios for similar triangles. The physical three-dimensional coordinates are also in the stereobase coordinate system. Therefore the three-dimensional coordinates must be transformed into the laboratory axis system.

Since the location of the wire target is known in the stereobase coordinate system, it is also known in the inertial frame. This geometry provides a numerical transformation for all anatomical targets into the inertial frame. With this step completed, the data are in the inertial frame. The seat reference point (SRP) is also digitized with the other anatomical targets and is reported in the inertial frame.

4.3 SYSTEM ACCURACY AND RESOLUTION

4.3.1 Variation in a single film pair

Variability of the data, from repeatedly digitizing the same film, indicates the error due to all sources. As an example, the Seat Reference Point of the Air Force chair (SRP) and the glass rod targets' distance are shown below for position LBAR 3.0 (Table 4.1):

Digitize attempt	x	SRP (cm) Y	G . 2	lass Rod Targets Distance (cm)
#1	30.27	13.21	10.31	35 .5 6
#2	30.25	13.20	10.30	35.60
#3	30.22	13.21	10.30	35.58
#4	30.26	13.23	10.33	35 .56
#5	30.19	13.22	10.29	35.58
#6	30.21	13.21	10.30	35.57
#7	30.22	13.21	10.31	35.55
Average	30.23	13.21	10.31	35.57
SD	<u>+</u> 0.02	± 0.01	± 0.01	<u>+</u> 0.02

Table 4.1. Results of repeated digitizing of same film pair.

The average target distance is 0.13 cm larger than the target distances (35.44 cm) used in this experiment. However, the variability in each coordinate is small when the range is examined. The range of variation for x is 0.08, y is 0.03, and z is 0.04.

4.3.2 Variation between different stereo pairs

Variation in three-dimensional coordinates from six different stereo pairs, each digitized seven times and averaged, is shown in Table 4.2. The average for the four positions (SEATERCT SEATEDP1, SEATEDP2 and SIDEBEND) are not used because these four films were the most difficult to digitize and the change in glass rod target orientation introduces an unknown error term.

	x	SRP (cm) y	Gl Z	ass Rod Targets' Distance (cm)
LBARS3.0	30.23	13.21	10.31	35.56
LBARS3.5	30.21	13.20	10.31	35.55
LBARS4.0	30.18	13.21	10.30	35.55
LBARS4.5	30.19	13.22	10.30	35.57
LBARS5.0	30.18	13.22	10.30	35.53
LBARS5.5	30.19	13.21	10.30	35.57
Average	30.20	13.21	10.30	35.55
SD	<u>+</u> 0.02	<u>+</u> 0.01	+ 0.01	<u>+</u> 0.02

Table 4.2. Results of averaged coordinates from different stereo pairs.

The SRP coordinates are very similar to those in Table 4.1 (one digitizing attempt only) except they fluctuate less because some random error from digitizing is minimized in the average value. The variation observed between these six pairs of LBAR 3.0 to LBAR 5.5 is reduced. The x-coordinate range is 0.05, y is 0.02, and z is 0.01. The glass rod target's distance is extremely close.

4.3.3 Reproducibility from different stereo pairs

The variation in 10 different stereo pairs, each digitized once, is shown in Table 4.3 for coordinates of two targets on the quartz cube (QUBE05 and QUBE06) and the glass rod targets' distance. The targets' distance on the glass rod has been independently measured to be 35.44 cm.

For all 10 positions, the glass rod targets' distance fluctuates around the measured value 35.44 cm. No pattern can be observed. This implies that the effect of various sources of experimental error in distances between targets is small.

There are two relatively homogeneous sets of film pairs in Table 4.3. The LBAR series of films (LBAR 3.0-5.5) represents a homogeneous set for both targets and the other four films (SEATERCT, SEATED P1, SEATED P2, and SIDEBEND) are also consistent. The difference in the two data sets is a movement of the glass rod targets which were inadvertently changed while repositioning Subject \$18. The focal length and physical location of the quartz cube remained the same for all 10 film pairs. Thus, the difference is solely attributable to a change in orientation of the glass rod.

When the distances between quartz cube targets are compared, the effect of the glass rod is almost imperceptible. In addition, when the two data sets are examined separately, they are internally consistent with both, demonstrating similar ranges of variation. The variation present in

Film		QUBE0	5 (cm)		QUBE06 (cm)		Distance	Glass Rod Targets'
Pairs	x	У	Z	x	Y	Z	5–6	Distance (cm)
LBAR 3.0	61.94	5.03	50.06	50.29	5.00	49.92	11.64	35.55
LBAR 3.5	61.91	5.01	50.06	50.28	4.99	49.91	11.63	35.55
LBAR 4.0	61.92	5.01	50.06	50.28	4.99	49.92	11.65	35.60
LBAR 4.5	61.93	5.03	50.05	50.29	5.00	49.90	11.64	35.59
LBAR 5.0	61.94	5.00	50.05	50.30	4.98	49.91	11.64	35.54
LBAR 5.5	61.95	5.00	50.04	50.30	4.99	49.90	11.66	35.56
SEATERCT	61.66	6.09	49.56	50.03	5.98	49.52	11.63	35.48
SEATEDP1	61.69	6.06	49.57	50.06	5.96	49.53	11.58	35.51
SEATEDP2	61.62	6.03	49.59	50.04	5.94	49.53	11.63	35.49
SIDEBEND	61.64	6.06	49.56	49.99	5.95	49.50	11.66	35.51

Table 4.3. Results of digitizing the same targets on different film pairs.

each set is due to random measurement error, and the difference between the two sets is a systematic error introduced by a change in orientation of the glass rod targets.

4.3.4 Accuracy of data

SAL's data accuracy for Subject # 18 is summarized in Table 4.4. The summary statistics, average and standard deviation, for five targets are presented to illustrate the range of variation in the data. The LBAR series describes the variation in the data when the location of glass rod, chair, quartz cube and x-ray tube were unchanged. The coordinates representing all of the cadaver positions describe the variation in the

			R 3.0 - 5 position		All Cadaver Postions (10 positions)				
Target		x	У	Z	x	У	Z		
WIRE08	x SD	0.07 <u>+</u> 0.04	30.51 +0.01	30.41 +0.01	0.09 <u>+</u> 0.06	30.50 +0.02	30.41 +0.01		
STGT08	x SD	17.71 <u>+</u> 0.04	28.94 +0.01	56.44 <u>+</u> 0.01	Not Comparable (seat was moved)				
SRP	x SD	30.20 <u>+</u> 0.02	13.21 ±0.01	10.30 ±0.01	Not Comparable (seat was moved)				
GLRD02	x SD	46.635 <u>+</u> 0.01	8.67 <u>+</u> 0.01	50.51 <u>+</u> 0.01	46.99 <u>+</u> 0.46	8.89 <u>+</u> 0.28	50.34 +0.22		
QUBE05	x SD	61.93 +0.01	5.01 <u>+</u> 0.01	50.05 <u>+</u> 0.01	61.77 <u>+</u> 0.19	5.51 <u>+</u> 0.69	49.86 +0.25		

Table 4.4. Summary statistics representative of the variation in the coordinated data describing Subject #18's seated body positions.

data when the orientation of the glass rod was inadvertently changed. These raw data are in the inertial frame of reference and each statistic is based upon the coordinates obtained from film digitized seven times.

4.3.4.1. General considerations The farther a target is from the film, given a constant focal length and consistent glass rod location, the smaller the variation. That is, as the target-to-film distance increases, parallax increases, and a ratio between the measured quantity and the calculated quantity increases. The summary data in Table 4.4 for the LBAR 3.0 - 5.5 positions demonstrates a decreased standard deviation as the x coordinate increases. The cadaver is sitting in the 20-30 cm x-coordinate range, and the variation in the cadaver data is described by the STGT08 and SRP targets on the chair.

In contrast to the LBAR data, the SEATERCT, SEATEDP1, SEATEDP2, and SIDEREND stereoradiographic film pairs have a different error term. These films were made on the same day as the LBAR series and digitized with the same procedure. However, the glass rod was inadvertently moved in the process of moving the cadaver into these positions. The data in Table 4.4 shows that the change in glass rod location affected the calculation of coordinate location of the wire grid (WIREO8) and quartz cube (QUBEO5) despite the fact that their locations were not physically changed.

In this case, however, variation increases as the film-to-target distance increases. That is, the standard deviation of WIREO8 (the closest target to the film) was slightly affected where there was a change in order of magnitude for QUBEO5 (the farthest target from the film).

4.3.4.2 <u>Data in SRP frame of reference</u> The data for each stereopair are consistent but the data from each stereopair has a different error term which arises from random measurement errors and glass rod orientation. Consequently, when the three-dimensional coordinates are transformed into the SRP axis system, some of the effect of the systematic error is reduced. That is, the data are considered to be more comparable between films when reported in the SRP frame of reference.

It is obvious in Table 4.2 that although the raw data have large systematic errors, the distances between the same two targets remain very stable. The maximum deviation between QUBE05 and QUBE06 for 10 film pairs is 0.18 cm. The effect of the nonperpendicular glass rod is compensating in y and z.

5.0 RESULTS OF THREE-DIMENSIONAL DATA ANALYSIS

5.1 DEFINITION OF TERMS USED IN ANALYSIS

Data analysis in the Systems Anthropometry Laboratory provides a description of the six degrees-of-freedom position and change of position of the pelvis and lumbar vertebrae with the use of anatomical pointmarks.

Laboratory axis system (inertial frame of reference): defined as shown in Figure 5.1. A more complete description of the laboratory axis system is provided in Section 3.1.1.1, Figure 3.1. The direction of the axes in this frame of reference is defined by the wire grid. The origin of the axis system is located at the intersection of vertical and horizontal wires previously described.

SRP axis system (Seat Reference Point frame of reference): defined with its origin at the Seat Reference Point of the wooden seat. The \$\mathbb{R}\$, \$\mathbb{N}\$, and 2 unit vectors are shown in Figure 5.1. The \$\mathbb{Y}\$ axis direction is defined by the intersection of the seat pan and seat back the 2 axis by a vertical line parallel to the laboratory z axis and the \$\mathbb{R}\$ axis by a normal (\$\mathbb{N}\$) defined by the cross-product of the first two axes according to the right-hand rule. The SRP axis system is calculated for each position since the chair could have been moved between different cadaver positions.

Anatomical axis system (Anatomical frame of reference): defined by three anatomical pointmarks on the inferior surface of the vertebral body, e.g., IL4BLL, IL4BLR, and IL4APT (Figure 5.2). All of these position vectors are known in the SRP axis system. This bone frame is defined by passing a line from IL4BLR through IL4BLL, calculating a perpendicular line passing through IL4APT, and computing, according to the right-hand rule, the vector cross-product for the normal. Three unit vectors chosen along axes shown in Figure 5.2 are oriented in traditional anatomical directions where anterior is positive 1, left lateral is positive 3, and superior is positive R.

Cadaver targets: small tungsten-carbide balls rigidly implanted in each bone in the cadaver. These balls are radiopaque and result in points which are digitized from stereoradiographic film pairs obtained from the cadaver seated in the wooden seat. There are a maximum of six cadaver targets on each bone and they are labeled with a six-letter acronym beginning with "C" (Appendix 7.0). Position vectors in the laboratory axis system of these cadaver targets are obtained from the digitizing program.

Anatomical pointmarks: a point on a boney surface that represents an anatomically homologous feature in the human skeleton. These points are identified visually on excised and cleaned bones and they are marked with small radiopaque tungsten-carbide balls. There are a maximum of 16 anatomical pointmarks identified on each vertebrae, 11 pointmarks on the sacrum and 8 pointmarks on the innominate bones (Appendix 7.0). The three-dimensional cartesian coordinates in the laboratory axis system for cadaver targets and anatomical pointmarks are reported in Section 7.3, Appendix B. It is important to understand that two types of data are collected. The

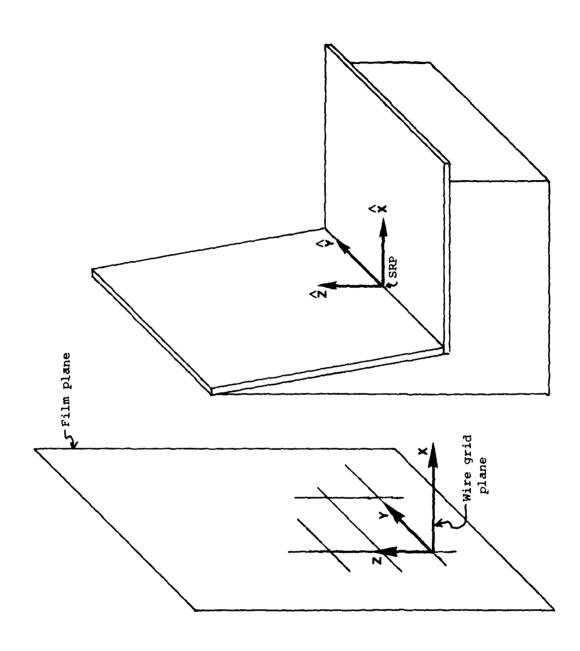


Figure 5.1. Seat axis system at SRP relative to the film plane and wire grid axis system.

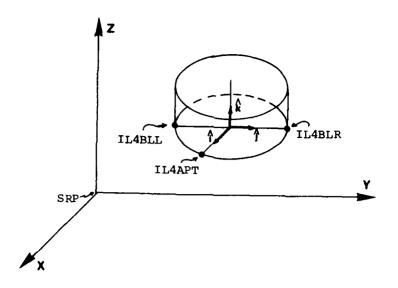


Figure 5.2. Bone frame (BF) of reference where 1, 9, R, are 3 unit vectors defining the anatomical axis system.

first type is obtained from the cadaver in different seated positions and consists of the vector positions of the cadaver targets (e.g., SEATERCT film pair). The second type of data, consisting of the vector positions of both the cadaver targets and anatomical pointmarks, is taken from individual excised bones (e.g. BONES film pair) and is used to provide a transformation between the cadaver targets and anatomical pointmarks.

5.2 TRANSFORMATION OF ANATOMICAL POINTMARKS INTO SUBJECT BODY POSITION

The location of skeletal linkages in different body positions is measured with stereoradiographic images of small radiopaque balls rigidly implanted in each bone. After stereoradiographs of all body positions in the experiment have been made, the bones of the cadaver are excised, cleaned and targets are added at sites of comparable anatomical pointmarks. Stereoradiographs of the bones with both cadaver targets and anatomical pointmarks are made and digitized. Thus, the anatomical pointmarks are known as if they were measured in the cadaver. If comparable and homologous pointmarks identified by anatomical features are measured on different subjects and bones, the motion of anatomically and biomechanically important sketetal pointmarks can be studied with comparable displacements and instantaneous axes of rotation.

5.2.1 Step 0. Cadaver target data in the laboratory axis system

There are a maximum of six targets measured on each bone in the SEATERCT position data. For example, position vectors in the laboratory axis system for cadaver targets on L3 are reported in Table 5.1. These data are divided into two sets: a) BONES Data - five cadaver targets measured on the excised, cleaned L3 vertebra; and b) SEATERCT Data - the same five cadaver targets measured when the cadaver was in the SEATERCT position.

a) BONES DATA ON L3

Transformation Targets	×	У	z	Cadaver Targets
a	8.02	20.71	41.83	CT03.IT
b	8.08	14.48	43.12	CL03R1
C	4.35	18.59	42.00	CL03S1
	4.33	18.61	42.22	CL03SM
	7.09	20.64	43.67	CL03L1
	b) SI	EATERCT DAY	TA ON L3	
Transformation				Cadaver
Targets	x	У	2.	Targets
a	31.81	15.24	31.56	CT03.11T
b	31.55	9.66	34.90	CL03Rl
c	27.98	13.36	32.17	CL03S1
	27.95	13.29	32.30	CL03SM
	30.98	14.96	33.13	CL03L1

Table 5.1. Three-dimensional coordinates (in centimeters) for five cadaver targets on L3 in the laboratory axis system.

When the geometric distances between cadaver targets are calculated for this set of data, CLO3TL, CLO3RL, and CLO3SL have the most comparable results (Table 5.2). These three targets, labeled a, b, and c, are separated by distances ranging from 4.24 cm to 6.50 cm with an average separation of 5.42 cm in the stereoradiographs of the excised bones compared to 5.54 cm in the SEATERCT stereoradiograph. Distances of this magnitude and differences in the location of these cadaver targets represent the best data for L3 to be used in calculating the displacement matrix between the SEATERCT data and bones data.

TARGET	BONES	SEATERCT	DIFFERENCE
DISTANCE			(8)
a-b	6.36	6.50	2.2%
b-c	5.66	5.82	2.8%
с-а	4.24	4.31	1.5%
average	5.42	5.54	2.2%

Table 5.2. Comparison of geometric distances between BONES and SEATERCT cadaver target pair distances (in centimeters).

5.2.2 Step 1. Computation of displacement matrix between BONES position and SEATERCT data in the laboratory axis system

Since the same cadaver targets on each bone are measured in two different positions (i.e., bones and SEATERCT data in Table 5.1), a displacement matrix is computed. Four targets, a, b, c, and a computed position vector (the origin of an axis system defined by these three

targets), are used in homogeneous coordinates (Marcus, 1980) to compute the displacement matrix (Suh and Radcliffe, 1978) in equation 7.

$$[D_{12}]$$
 [BP1] = [SP2] (7)

Or,

$$\begin{bmatrix} D_{12} \end{bmatrix} \begin{bmatrix} A_{\mathbf{x}}^{1} & B_{\mathbf{x}}^{1} & C_{\mathbf{x}}^{1} & D_{\mathbf{x}}^{1} \\ A_{\mathbf{x}}^{1} & B_{\mathbf{x}}^{1} & C_{\mathbf{y}}^{1} & D_{\mathbf{y}}^{1} \\ A_{\mathbf{z}}^{1} & B_{\mathbf{z}}^{1} & C_{\mathbf{z}}^{1} & D_{\mathbf{z}}^{1} \\ 1.0 & 1.0 & 1.0 & 1.0 \end{bmatrix} = \begin{bmatrix} A_{\mathbf{x}}^{2} & B_{\mathbf{x}}^{2} & C_{\mathbf{x}}^{2} & D_{\mathbf{x}}^{2} \\ A_{\mathbf{z}}^{2} & B_{\mathbf{z}}^{2} & C_{\mathbf{y}}^{2} & D_{\mathbf{y}}^{2} \\ A_{\mathbf{z}}^{2} & B_{\mathbf{z}}^{2} & C_{\mathbf{z}}^{2} & D_{\mathbf{z}}^{2} \\ 1.0 & 1.0 & 1.0 & 1.0 \end{bmatrix}$$
(8)

BPl represents the position of the cadaver targets in the BONES position and SP2 represents the position of the same cadaver targets in the SEATERCT position, both of which are in the laboratory axis system. If equation 8 is solved by post multiplying both sides by the inverse of BP1, \mathbf{p}_{12} can be calculated where the upper left 3 x 3 describes rotation, and the upper right 3 x 1 describes translation.

The resulting displacement matrix for the L3 example in Table 5.1 is given in Table 5.3.

$$\begin{bmatrix} D_{12} \end{bmatrix} = \begin{bmatrix} 0.998 & 0.040 & -0.054 & 25.257 \\ -0.019 & 0.944 & 0.330 & -17.969 \\ 0.064 & -0.329 & 0.942 & -1.568 \\ 0.000 & 0.000 & 0.000 & 1.000 \end{bmatrix}$$

Table 5.3. Displacement matrix for L3.

The displacement matrix in Table 5.3 is subsequently applied to the L3 anatomical pointmarks so that they are expressed in the laboratory frame of reference with the cadaver in the SEATERCT position. The resulting data will be termed "displaced pointmarks in laboratory frame."

5.2.3 Step 2. Transformation to SRP axis system

The location of the wooden seat in the laboratory is measured in every cadaver position. Through the use of targets on the chair back, three unit vectors on the chair (as shown in Figure 5.1) are computed, to define the SRP frame. A transformation matrix (TM) from inertial frame to SRP is computed to transform the "displaced pointmarks in laboratory frame" (Step 1) into the SRP axis system. The result will be independent of any movement of the chair and will be called "transformed pointmarks in SRP axis system." These transformed coordinates represent the location of the anatomical pointmarks in the SRP frame of reference.

The origin of the SRP axis system measured in the inertial axis system, and the corresponding transformation matrix from the inertial axis system to the SRP axis system for L3 SEATERCT data are presented in Table 5.4. The upper 3 x 3 indicates that the chair is almost aligned parallel to the laboratory axis system so that the transformation is primarily a translation of the origin to a new location in the wooden seat.

SRP	origin	x : 30.368		y 12.288	z 9.981
[m]	= (1.000 0.016 0.000 0.000	-0.016 1.000 0.000 0.000	0.000 0.000 1.000 0.000	-30.168 -12.771 - 9.981 1.000

Table 5.4. SRP origin in the laboratory axis system and the transformation matrix from laboratory axis system to SRP axis system.

5.2.4 Step 3. Transformation to an anatomical axis system in the inferior bone

An anatomical axis system is defined in the inferior bone for each bone with the exception of the innominate, in which case, the SRP axis system serves as the bone frame. For example, the inferior bone for L3 is L4; thus, data on L4, in the SEATERCT cadaver position, is first processed in the SRP axis system.

The three anatomical pointmarks (IL4BIL, IL4BIR, and IL4APT), origin of the IA anatomical axis system, and position vectors PVX (on the 1 axis), PVY (on the 1), and PVZ (on the R), that lie on the L4 BF axes with a magnitude equal to one, are reported in Table 5.5.

Pointmark	S	Coordi	nates
	x	У	Z
IL4BLL	5.10	3.59	19.29
IL4BLR	4.93	-1.42	20.58
IL4APT	7.21	0.87	19.74
BF origin	5.01	1.00	19.96
PVX	6.01	0.94	19.86
PVY	5.04	1.97	19.71
PVZ	5.12	1.24	20.92

Table 5.5. L4 position vectors relative to the SRP axis system (in centimeters).

The BF origin, PVX, PVY, and PVZ position vectors in the SRP axis system are used to transform L3 bod vectors given in the SRP axis system to the inferior bone frame in L4. The transformation matrix is given in Table 5.6.

$$\begin{bmatrix} TM \end{bmatrix} = \begin{bmatrix} 0.994 & -0.059 & -0.097 & -2.981 \\ 0.033 & 0.968 & -0.249 & 3.835 \\ 0.109 & 0.244 & 0.964 & -20.019 \\ 0.000 & 0.000 & 0.000 & 1.000 \end{bmatrix}$$

Table 5.6. TM for L3 in SRP axis system to bone axis system.

Thus, all anatomical pointmark data on L3 are transformed from the laboratory axis system (Step 1) to the SRP axis system (Step 2) to the bone axis system (Step 3). An example of the results of these coordinate transformations is provided for L3 in Table 5.7. There are both cadaver targets and anatomical pointmarks in this table.

	POIN	Step 0 TIMARKS BONI	ES DATA		Step 1 LACED POIN	VIMARK	
		RATORY AXIS			ATORY AXIS		TARGET
	x	У	Z	x	У	Z	
1 C	8.02	20.71	41.83	31.81	15.24	31.56	CL03TL
2 C	8.08	14.48	43.12	31.56	9.79	34.83	CL03Rl
3 C	4.35	18.59	42.00	28.06	13.36	32.18	CL03S1
4 C	4.33	18.61	42.22	28.03	13.46	32.38	CL03SM
5 C	7.09	20.64	43.67	30.78	15.80	33.25	CL03L1
6	8.30	20.72	40.98	32.14	14.97	30.77	IFML3L
7	8.18	17.26	41.04	31.87	11.72	31.96	IFML3R
	13.48	18.74	40.58	37.25	12.86	31.38	IL3APT
	11.66	21.29	40.85	35.52	15.39	30.67	IL3BLL
	11.49	16.14	40.76	35.15	10.50	32.28	IL3BLR
	8.33	20.37	44.23	31.98	15.71	33.95	SFML3L
12	8.09	17.12	43.88	31.63	12.53	34.67	SFML3R
13	8.02	23.62	44.01	31.81	18.71	32.65	TPL3LT
14	7.77	13.88	43.42	31.21	9.33	35.28	TPL3RT
		Stan 2		C1	ton 3		
	трамо	Step 2	NTMADK		tep 3	LVILIMOV BK	
		FORMED POI		TRANSI	FORMED PO		TARGET
	(SF	SFORMED POLI RP AXIS SYS	TEM)	TRANSI (BO	FORMED PO	(STEM)	TARGET
1 C	(SI X	SFORMED POI RP AXIS SYS' Y	TEM) z	TRANSI (BO) X	FORMED POINE AXIS SY	(STEM) z	
1 C 2 C	(SF x 1.40	FORMED POID RP AXIS SYST Y 2.98	TEM) z 21.58	TRANSI (BO) x -3.86	FORMED POI NE AXIS SY Y 1.40	(STEM) z 1.65	CL03TL
2 C	(SI X	SFORMED POI RP AXIS SYS' Y	TEM) z	TRANSI (BO) X	FORMED POINE AXIS SY	(STEM) z	
2 C 3 C	(SF x 1.40 1.23 -2.32	SFORMED POID RP AXIS SYS' Y 2.98 -2.48	TEM) z 21.58 24.85	TRANSI (BO) x -3.86 -4.03	FORMED POR NE AXIS SY 1.40 -4.71	ZSTEM) z 1.65 3.45 1.37	CL03TL CL03Rl
2 C 3 C 4 C	(SF x 1.40 1.23	SFORMED POID RP AXIS SYST Y 2.98 -2.48 1.04	z 21.58 24.85 22.20 22.40	TRANSI (BO) X -3.86 -4.03 -7.51	FORMED POINT AXIS SY 1.40 -4.71 -0.76	ZSTEM) z 1.65 3.45	CL03TL CL03Rl CL03S1
2 C 3 C	(SF x 1.40 1.23 -2.32 -2.36	FORMED POII RP AXIS SYST 2.98 -2.48 1.04 1.13	TEM) z 21.58 24.85 22.20	TRANSI (BOX x -3.86 -4.03 -7.51 -7.57	FORMED POI NE AXIS SY 1.40 -4.71 -0.76 -0.72	z 1.65 3.45 1.37 1.58	CL03TL CL03R1 CL03S1 CL03SM
2 C 3 C 4 C 5 C	(SF x 1.40 1.23 -2.32 -2.36 0.36	SFORMED POID RP AXIS SYST Y 2.98 -2.48 1.04 1.13 3.52	TEM) z 21.58 24.85 22.20 22.40 23.27	TRANSI (BOX x -3.86 -4.03 -7.51 -7.57 -5.09	FORMED POINT AXIS SY 1.40 -4.71 -0.76 -0.72 1.47	z 1.65 3.45 1.37 1.58 3.30	CL03TL CL03Rl CL03Sl CL03SM CL03Ll
2 C 3 C 4 C 5 C	(SF x 1.40 1.23 -2.32 -2.36 0.36 1.73	FORMED POIL RP AXIS SYS' 2.98 -2.48 1.04 1.13 3.52 2.71	TEM) z 21.58 24.85 22.20 22.40 23.27 20.79	TRANSI (BOX x -3.86 -4.03 -7.51 -7.57 -5.09 -3.28	FORMED POINT AXIS SY 1.40 -4.71 -0.76 -0.72 1.47 1.71	z 1.65 3.45 1.37 1.58 3.30 0.84	CL03TL CL03R1 CL03S1 CL03SM CL03L1 IFML3L
2 C 3 C 4 C 5 C 6 7 8	(SF x 1.40 1.23 -2.32 -2.36 0.36 1.73 1.52 6.87 5.11	FORMED POIL RP AXIS SYS' Y 2.98 -2.48 1.04 1.13 3.52 2.71 -0.54 0.69 3.19	Z 21.58 24.85 22.20 22.40 23.27 20.79 21.98 21.40 20.69	TRANSI (BOX x -3.86 -4.03 -7.51 -7.57 -5.09 -3.28 -3.50 1.86 0.09	FORMED POINT AXIS SY 1.40 -4.71 -0.76 -0.72 1.47 1.71 -1.54 -0.31 2.19	Z 1.65 3.45 1.37 1.58 3.30 0.84 2.02 1.44 0.74	CL03TL CL03R1 CL03S1 CL03SM CL03L1 IFML3L IFML3R IL3APT IL3BIL
2 C 3 C 4 C 5 C 6 7 8 9	(SF x 1.40 1.23 -2.32 -2.36 0.36 1.73 1.52 6.87 5.11 4.81	FORMED POIL RP AXIS SYS' Y 2.98 -2.48 1.04 1.13 3.52 2.71 -0.54 0.69 3.19 -1.71	TEM) z 21.58 24.85 22.20 22.40 23.27 20.79 21.98 21.40 20.69 22.30	TRANSI (BOX x -3.86 -4.03 -7.51 -7.57 -5.09 -3.28 -3.50 1.86 0.09 -0.20	FORMED POINT AXIS SY 1.40 -4.71 -0.76 -0.72 1.47 1.71 -1.54 -0.31 2.19 -2.70	Z 1.65 3.45 1.37 1.58 3.30 0.84 2.02 1.44 0.74 2.34	CL03TL CL03R1 CL03S1 CL03SM CL03L1 IFML3L IFML3R IL3APT IL3HIL IL3HIL
2 C 3 C 4 C 5 C 6 7 8 9 10	(SF x 1.40 1.23 -2.32 -2.36 0.36 1.73 1.52 6.87 5.11 4.81 1.56	FORMED POIL RP AXIS SYS' 2.98 -2.48 1.04 1.13 3.52 2.71 -0.54 0.69 3.19 -1.71 3.45	Z 21.58 24.85 22.20 22.40 23.27 20.79 21.98 21.40 20.69 22.30 23.97	TRANSI (BOX x -3.86 -4.03 -7.51 -7.57 -5.09 -3.28 -3.50 1.86 0.09 -0.20 -3.45	FORMED POINT AXIS STATE AXIS AXIS AXIS AXIS AXIS AXIS AXIS AXIS	Z 1.65 3.45 1.37 1.58 3.30 0.84 2.02 1.44 0.74 2.34 4.01	CL03TL CL03R1 CL03S1 CL03SM CL03L1 IFML3L IFML3R IL3APT IL3HIL IL3HIR SFML3L
2 C 3 C 4 C 5 C 6 7 8 9 10 11 12	(SF x 1.40 1.23 -2.32 -2.36 0.36 1.73 1.52 6.87 5.11 4.81 1.56 1.26	FORMED POINT AXIS SYST Y 2.98 -2.48 1.04 1.13 3.52 2.71 -0.54 0.69 3.19 -1.71 3.45 0.26	Z 21.58 24.85 22.20 22.40 23.27 20.79 21.98 21.40 20.69 22.30 23.97 24.69	TRANSI (BOX x -3.86 -4.03 -7.51 -7.57 -5.09 -3.28 -3.50 1.86 0.09 -0.20 -3.45 -3.75	FORMED POINT AXIS SY 1.40 -4.71 -0.76 -0.72 1.47 1.71 -1.54 -0.31 2.19 -2.70 2.45 -0.74	Z 1.65 3.45 1.37 1.58 3.30 0.84 2.02 1.44 0.74 2.34 4.01 4.73	CL03TL CL03R1 CL03SM CL03L1 IFML3L IFML3R IL3APT IL3APT IL3HLL IL3HLR SFML3L SFML3R
2 C 3 C 4 C 5 C 6 7 8 9 10	(SF x 1.40 1.23 -2.32 -2.36 0.36 1.73 1.52 6.87 5.11 4.81 1.56	FORMED POIL RP AXIS SYS' 2.98 -2.48 1.04 1.13 3.52 2.71 -0.54 0.69 3.19 -1.71 3.45	Z 21.58 24.85 22.20 22.40 23.27 20.79 21.98 21.40 20.69 22.30 23.97	TRANSI (BOX x -3.86 -4.03 -7.51 -7.57 -5.09 -3.28 -3.50 1.86 0.09 -0.20 -3.45	FORMED POINT AXIS STATE AXIS AXIS AXIS AXIS AXIS AXIS AXIS AXIS	Z 1.65 3.45 1.37 1.58 3.30 0.84 2.02 1.44 0.74 2.34 4.01	CL03TL CL03R1 CL03SM CL03L1 IFML3L IFML3R IL3APT IL3HIL IL3HIL IL3HIR SFML3L SFML3R

Table 5.7. Summary of three-dimensional coordinates for L3.

5.3 SUBJECT POSITION IN THE MID-SAGITTAL PLANE

In the unembalmed cadaver, motion is simulated by a sequential change of body positions. Each position is measured with a pair of stereoradiographs. There are six positions simulating lumbar extension (LBAR 3.0 to LBAR 5.5), one seated-erect body position with no lumbar support (SEARERCT) and two positions simulating lumbar flexion (SEATEDP1 and SEATEDP2).

To illustrate Subject #18's body positions, two-dimensional plots of data representing the chair, lumbar support device, and subject have been prepared indicating the location of the dorsal spines of T12, L1-L4, sacrum, ASIS, and symphysion. Cadaver targets have been used since these data are the most accurate available on Subject #18.

Additional data on the locations of the iliac crest, ischium, sacral base, and H-point location have been derived from measurements of pelvic geometry by Reynolds, Snow, and Young (1981). The outline of the scaled pelvis is represented by anatomical pointmarks on the iliac crest, two on the sacral base, four on the ischium, and H-point. These pointmarks were measured on 30 male pelves selected from the skeletal collection at the Cleveland Museum of Natural History to represent the average United States male body size.

The average male pelvis data have been scaled to represent the pelvic geometry of Subject #18. A scale factor of 1.2117 was computed as the average ratio of average male pelvis size to the cadaver pelvis size. Table 5.8 reports the ratio for three distances computed between RASIS, LASIS, and SYMPH in both sets of data. This scale factor has been used to estimate the location of pointmarks not measured on the cadaver with pointmarks that were measured on the average male pelvis.

	Ratio of Cadaver/
Distance	Published Data
RASIS - LASIS	1.1392
RASIS - SYMPH	1.2953
LASIS - SYMPH	1.2007
Average	1.2117

Table 5.8. Scale factor for adjusting population to cadaver data.

The three-dimensional coordinates for anatomical pointmarks presented in Table 5.9 were located for each of Subject #18's body positions by the method outlined in Step 1 of Section 5.2.2. That is, an anatomical axis system was established for the cadaver data that is comparable to the axis system used in the Reynolds, et al., (1981) pelvic data. A right-handed orthogonal anatomical axis system is based upon a line passing through the right and left anterior superior iliac spines (ASIS), a perpendicular passing through symphysion and a normal calculated according to the right-handed rule at the intersection of the first two axes. With both data sets in a comparable anatomical axis sytem, a displacement matrix is calculated as described in Step 1 and the three-dimensional coordinates are calculated. These data are scaled and then plotted to represent the cadaver's pelvic shape.

In Figure 5.3, the two polygons at the level of L2 and L3 dorsal spines represent the plexiglass plate at body positions LBAR 3.0 and LBAR 5.5. The polygon shapes are different because the plate rotated. The greatest rotation of the plate occurs at LBAR 5.5 when maximum lumbar extension produces the largest moment acting on the plate. The apparently smaller load required to extend the lumbar vertebrae in LBAR 3.0 results in an orientation of the plexiglass plate that is almost parallel to the seat back.

Figure 5.4 illustrates the change of position for slumped postures used to simulate lumbar flexion. The morphological outline of the pelvis

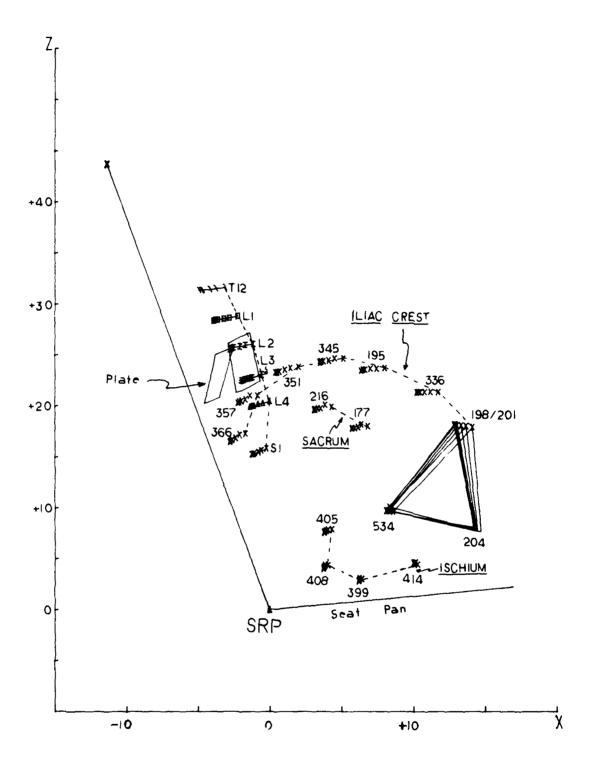


Figure 5.3. Plot of two-dimensional position of lumbar spine targets (T12, L1-L5) and pelvis pointmarks (177-414) for LBAR series.

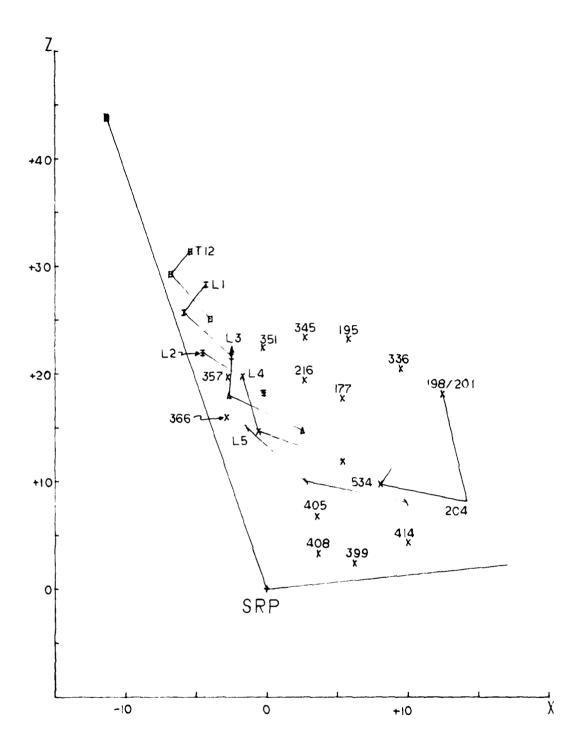


Figure 5.4. Plot of two-dimensional position of lumbar spine targets (T12, L1-L5) and pelvis pointmarks (177-414) for SEATERCT, SEATEDP1 and SEATEDP2.

	POINTMARK		COORDINATES	
		x	y	z
I L I A C C R E S T	198 - 200 (RASIS) 201 - 203 (LASIS) 195 - 197 336 - 338 345 - 347 351 - 353 357 - 359 366 - 368 (PSIS)	0.0 0.0 -4.8 -1.8 -7.1 -9.8 -12.4 -13.1	-11.3 +11.7 -11.9 -12.3 -9.5 -6.6 -4.6 -3.5	0.0 0.0 6.0 3.4 7.3 6.9 4.6
I S C H I U	405 - 407 408 - 410 (ISCHIALE) 399 - 401 414 - 416	-9.1 -9.6 -7.6 -4.1	-7.2 -6.0 -3.9 -2.5	-8.5 -11.8 -13.2 -12.1
S A C R U M	177 - 179 (PROMO) 216 - 218	-5.9 -7.9	0.0	1.2
	534 - 536 (H-Pt.) 204 - 206 (SYMPH)	-4.8 0.0	8.3 0.0	-6.5 -7.8

Table 5.9. Selected pointmark position vectors used in Figures 5.3 and 5.4 obtained from Reynolds, et al., (1981).

is produced by the same pointmarks and scaling factor as in Figure 5.3. However, only the SEATERCT position is depicted since the other two lumbar flexion positions (SEATEDP1 and SEATEDP2) have incomplete data for pelvis anatomical pointmarks.

Right lateral sidebending is depicted in Figure 5.5, with the cadaver targets for T12, L1, L3, L4, and the sacrum. These are the same cadaver targets used in the two previous figures of lumbar extension and flexion. In this case, the motion occurs primarily in the yz plane from the SEATERCT to SIDEBEND body positions.

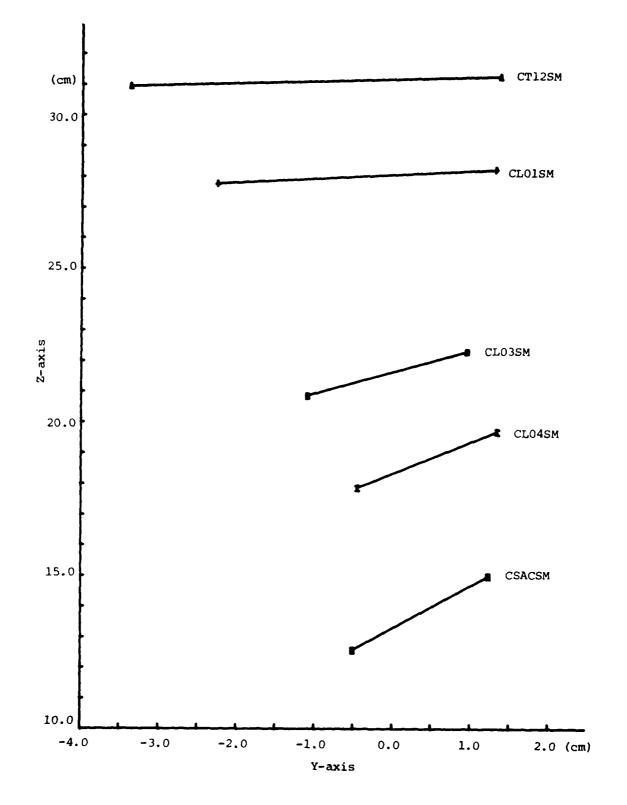


Figure 5.5. Motion of cadaver dorsal spine target for lumbar sidebending series (SEATERCT to SIDEBEND) in YZ plane of SRP frame of reference.

5.4 SCREW AXIS ANALYSIS: GENERAL DESCRIPTION OF ALGORITHM

The description of relative motion uses Chasles' theorem, i.e. the motion of one rigid body to another can be described by a rotation about and a translation along an axis. These parameters can be defined within laboratory or anatomical frames of reference that are external or internal to the bodies. In the present investigation, data in the SRP frame of reference are utilized since they provide for Subject #18 the most accurate data.

Rigid body motion, with six degrees of freedom, is generally described with the linear equation,

$$[D_{12}]$$
 [P1] = [P2] (9)

where D_{12} is a 4 x 4 matrix describing the displacement of the rigid body P from position 1 (Pl) to position 2 (P2). From this displacement matrix, six independent screw axis parameters are calculated (Figure 5.6). A translation S and rotation ϕ are calculated along and about on instantaneous screw axis (ISA) that is specified relative to a fixed axis system by direction cosines ($U_{\rm X}$, $U_{\rm Y}$, $U_{\rm Z}$) and location (a position vector of the closest point on the ISA to the fixed axis system origin).

Relative motion between two bones in the present investigation is described by motion of the anatomically superior bone with respect to the anatomically inferior bone.

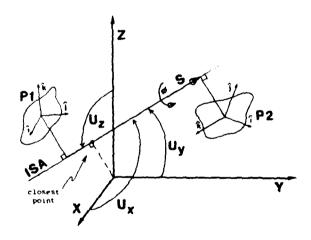


Figure 5.6. Screw axis analysis.

The computation in the screw axis program is done as follows:

- Raw data in the inertial frame for two bones are selected for position 1 and position 2 (three cadaver targets for each bone and each position).
- Three position vectors for each bone are then transformed into the SRP frame, and a "center of gravity" is calculated for each bone by vectorially summing each set of three position vectors.

- The displacement matrix for the inferior bone from position 1 to

position 2 is calculated.

- Motions of the superior bone are calculated with respect to an inferior bone that has also changed position. Therefore, the effect of the reference frame change of position on the relative motion of the superior bone is subtracted vectorially for position 1. The new coordinates for the superior bone are termed "corrected position 1".

- The "corrected position 1" and "position 2" vector data of the superior bone are used to calculate the displacement matrix describing motion of the superior bone.

- Screw axis parameters (S, ϕ , U_X, U_Y, U_Z) are then calculated, and also a point on the screw axis closest to the origin of the inferior bone frame is calculated. This closest point is also displayed in the SRP frame.

5.5 SCREW AXIS RESULTS

5.5.1 Targets

Results of the screw axis analysis are based upon data in the SRP frame of reference. Each bone is represented by three cadaver targets located at least 0.5 cm apart. The cadaver targets are listed for each bone and position in Table 5.10. The same three targets are used for all 10 positions for the innominate, sacrum, and L4. There are two sets of targets used for T12, L1 - L3. The first set represents positions of lumbar extension (LBAR 3.0-5.5) and SEATERCT. The second set represents positions in lumbar flexion (SEATEDP1 and SEATEDP2) and right lateral side bending (SIDEBEND).

The different sets are selected to provide the most accurate data available. Targets are identified using two criteria:

1) targets separated by a distance greater than 0.5 cm;

2) distances between targets are stable.

As pointed out previously, errors exist in the experimental data for flexion and sidebending positions. In addition to experimental errors, different points were selected based upon ability to identify these targets on the film.

5.5.2 Screw axis description of anatomical motion

The parameters calculated in the screw axis analysis describe relative motion between two bones. In this report, motion segments have been analyzed using the bone in a motion segment pair closest to the seat as the fixed body and the bone in the motion segment furthest from the seat as the moving body (Table 5.11). For example, motion of the right innominate (moving body) is described relative to a fixed axis system in the seat.

Table 5.10. List of targets by position and bone used in the motion analysis.

				A DAG T	T BAD 5.	T.PAP 3 ()
	SEATERCT LBAR 3.0	LEAR 3.0	LBAR 4.0	LEAR 5.0	LBAR 5.5	
RIGHT INNOMINATE	CINRAS CINRPS CINRPI	CINRAS CINRPS CINRPT	CINRAS CINRPS CINRPT	CINRAS CINRPS CINRPT	CINRAS CINRPS CINRPT	CINRAS CINRPS CINRPT
SACRUM	CSACLT CSACRT CSACSM	CSACILT CSACRT CSACSM	CSACLT CSACRT CSACSM	CSACL/T CSACRT CSACSM	CSACLT CSACRT CSACSM	000
L4	CLO4RI CLO4SM CLO4TL	CLO4R1 CLO4SM CLO4·IL	CLO4RI CLO4SM CLO4TL	CLOARL CLOASM CLOATL	CLO4RI CLO4SM CLO4TL	
L3	CLO3TL CLO3R1 CLO3S1	CLO3TL CLO3R1 CLO3S1	CLO3TL CLO3Rl CLO3Sl	CLO3TL CLO3Rl CLO3Sl	CLO3TL CLO3RL CLO3SL	000
1.2	ı	CLO2LL CLO2TL CLO2SM	CLOSEL CLOSEL CLOSSM	CLO2LL CLO2TL CLO2SM	CLO21.1 CLO21.1 CLO25M	000
11	CLOISM CLOILI CLOIRI	CLOILI CLOILI	CLOISM CLOILI CLOIRI	CLOILI CLOIRI CLOIRI	CLOISM CLOIL1 CLOIRI	CLOISM CLOILI CLOIRI
T12	CT12L1 CT12S1 CT12R1	CT12L1 CT12S1 CT12R1	CT12L1 CT12S1 CT12R1	CT12L1 CT12S1 CT12R1	CT121.1 CT128.1 CT128.1	000

Table 5.10 (continued)

	RIGHT INNOMINATE	SACRUM	Ľ4	ខា	77	13	T12
SEATERCT LBAR 5.5	CINRAS CINRPS CINRPT	CSACIATI CSACIATI CSACSM	CLO4RI CLO4SM CLO4IL	CLO3TL CLO3RL CLO3SL	ı	CLOISM CLOILI CLOIRI	CT12L1 CT12S1 CT12R1
SEATERCT SEATEDP1	CINRAS CINRPS CINRPT	CSACL/T CSACRT CSACSM	CLOARI CLOASM CLOATL	CLO31.1 CLO3R1 CLO3SM	1	CLOISI CLOITL CLOITR	CT12E1 CT12SM CT12TR
SEATEDP1 SEATEDP2	ı	CSACLT CSACRT CSACSM	CLOARI CLOASM CLOATL	CLO3L1 CLO3R1 CLO3SM	CLO2S1 CLO2TL CLO2SM	CLOISI CLOITR	CT12L1 CT12SM CT12TR
SEATERCT SEATEDP2	t	CSACLT CSACRT CSACSM	CLOARI CLOASM CLOAIL	CLO3L1 CLO3R1 CLO3SM	I	CLOISI CLOILI CLOITR	CT12L1 CT12SM CT12TR
SEATERCT SIDEBEND	CINRAS CINRPS CINRPT	CSACLT CSACRT CSACSM	CLO4RI CLO4SM CLO4TL	CLO35.1 CLO38.1 CLO3SM	•	CLOISI CLOISM	CT12L1 CT12SM CT12TR

Fixed Body	Moving Body
Seat	Rt. Innominate
Rt. Innominate	Sacrum
Sacrum	L4
L4	L3
L3	L2
L2	Ll
Ll	Tl2

Table 5.11. Motion segments.

For these motion segments, the screw axis parameters have been calculated and are presented in Table 5.12. The motions are described as a change of position along a path of positions. For example, the path for lumbar extension is described by seven screw axes beginning with the motion from SEATERCT position to LBAR 3.0. Data on L2 are missing in the SEATERCT position; consequently, the L1 screw axis parameters were calculated relative to L3. The paths of motion for lumbar flexion are represented by three screw axes beginning with the change of position from SEATERCT to SEATEDP1. Because only one lateral side bending position was measured, it is described relative to the SEATERCT position.

The following data are given in Table 5.12:

- A positive or negative displacement (S) in centimeters,
- 2) A rotation (ϕ) in degrees around the screw axis with positive representing a clockwise rotation around the screw axis and negative, a counterclockwise rotation.
- 3) Direction cosines ($U_{\chi'}$, $U_{\chi'}$, U_{z}) describing the screw axis orientation relative to the Seat Reference Point axis system (see section 5.5.1).

The location of the screw axis, described by a position vector of the closest point to the inferior bone frame origin, is given in a later table following a description of the "center of gravity" data for each bone.

The stereoradiographic measurement system can resolve an angle of approximately 0.8° and a distance of approximately 0.03 cm. Motions described in Table 5.12 contain some rotations and displacements that are at or beyond the resolution limits of the measurement system. For example, the motion of L4 relative to the sacrum in the change of position from LBAR 3.0 to LBAR 4.0 is smaller than the system can measure. As a result, use of these data must be carefully evaluated in terms of the resolution of the system.

For the small extension displacements, the direction cosines defining the orientation of each screw axis would be expected to reflect maximal rotations about the y-axis with a cosine value approaching one, similar to results seen for flexion (SEATERCT to SEATEDP1 or SEATEDP2). Relatively few axes are approximately perpendicular to the xz plane, which would indicate rotary motion primarily in the sagittal plane. The direction cosines are given relative to an axis system that approximates the cardinal anatomical planes, and the seat axis system is approximately parallel to the inertial axis system. The cadaver was positioned with as much anatomical symmetry as possible with respect to the xz plane, but there are obvious discrepancies to a symmetrical position visible on the radiographic

Table 5.12. Screw axis results for all motion segments.

LBAR 3.0 - LBAR 4.0	φ Direction Cosines (Deg) U _X U _Y U _Z 0.8 -0.226 0.938 0.254 0.5 1.000 0.000 0.000 0.6 1.000 0.000 0.000 1.7 -0.541 0.254 0.802 1.9 -0.180 -0.444 -0.878 i.2 0.539 0.523 -0.661 2.4 -0.028 -0.891 0.453	LEAR 4.5 - LEAR 5.0 ϕ Direction Cosines (Deg) $U_{\mathbf{x}}$ $U_{\mathbf{y}}$ $U_{\mathbf{z}}$ 1.2 -0.069 0.989 0.131 0.6 1.000 0.000 0.000 0.4 1.000 0.000 0.000 1.8 -0.673 0.057 0.737 2.0 0.218 -0.291 -0.932 0.99 0.115 -0.447 0.871 1.1 0.139 -0.982 -0.129
	S (GM) 0.01 0.00 0.12 -0.06 0.05 -0.05 0.05 0.05	s (cm) 0.06 0.05 -0.04 -0.05 0.00
SEATERCT - LBAR 3.0	φ Direction Cosines (Deg) U _x U _y U _z 1.7 -0.239 0.796 -0.555 1.0 0.325 0.205 0.923 0.7 -0.026 -0.611 -0.797 2.4 0.157 -0.645 -0.748	LEAR 4.0 - LEAR 4.5 ϕ Direction Cosines (Deg) $_{\rm X}$ $_{\rm Y}$ $_{\rm Z}$ $_{\rm Z}$ 1.0 -0.054 0.992 0.119 0.4 1.000 0.000 0.000 0.6 0.092 -0.625 -0.771 0.5 1.000 0.002 0.006 1.0 0.970 -0.082 0.231 1.2 -0.396 -0.202 -0.897 0.5 1.000 0.000 0.000
	s (GM) -0.26 -0.04 0.03 0.02 -	S (CM) 0.08 0.03 0.02 -0.02 0.02 0.02 0.02 0.02 0.02 0.0
	SEL TEST	12 12 12 12 12 12 12 12 12 12 12 12 12 1

1Since L2 data are missing, L1 analyzed relative to L3.

Table 5.12 (continued)

	nes U ₂ 0.172 0.407 0.213 0.693 -0.741 -0.076		nes U ₂ -0.023 -0.366 -0.100 0.216 -0.082 0.082
R 5.5	on Cosi U 0.981 -0.816 -0.667 0.315 -0.459	TEDP1	tion Cosines ${\bf U_Y} {\bf U_Z}$ ${\bf U_Z}$ 0 -0.999 -0.023 0 -0.918 -0.100 8 0.975 0.216
LBAR 3.0 - LBAR 5.5	Direction Cosines U Y 10 10 10 10 10 10 10 10 10	SEATERCT - SEATEDP1	Directic Ux -0.020 - -0.150 - 0.122 0.058 -
LEAR 3	(Deg) 4.1 0.7 1.6 2.1 2.1 2.0 3.3	SEATER	(Deg) 33.2 0.8 10.4 9.0 -
	S (GM) 0.20 -0.04 -0.09 0.03 0.03		S (GM) -0.86 0.16 -0.22 0.25 - 0.13 0.04
LBAR 5.0 - LBAR 5.5	S	SEATERCT - LBAR 5.5	S
	INUR SAC -0 1:4 -0 1:2 -0 1:1 -0		INNR -0 SAC -0 L4 0 L3 L2 L1 L1 L1

Table 5.12 (continued)

SEATERCT - SEATEDP2	S ϕ Direction Cosines (cm) (Deg) $\mathbf{U}_{\mathbf{X}}$ $\mathbf{U}_{\mathbf{Y}}$ $\mathbf{U}_{\mathbf{Z}}$	-0.21 9.2 0.105 0.993 -0.063 0.25 9.6 0.017 0.981 0.194 -0.13 20.4 0.030 0.995 -0.097 0.09 3.9 0.066 0.907 0.417			
SEATEDP1 - SEATEDP2	S ϕ Direction Cosines (cm) (Deg) $egin{array}{ccc} U_{\mathbf{X}} & U_{\mathbf{Y}} & U_{\mathbf{Z}} \end{array}$	0.03 1.3 -0.289 -0.903 0.320 -0.01 0.6 0.356 0.933 0.078 -0.09 7.7 0.194 0.133 -0.972 -0.02 5.8 -0.330 0.554 0.764 -0.05 1.7 0.198 -0.295 0.935	SEATERCT - SIDEBEND	S ϕ Direction Cosines (cm) (Deg) $egin{array}{ccc} V_{\mathbf{X}} & V_{\mathbf{Y}} & V_{\mathbf{Z}} \end{array}$	1.13 17.9 0.073 -0.964 0.255 -0.02 1.6 -0.137 0.914 -0.383 -0.03 7.8 0.211 0.970 0.124 -0.13 6.8 0.747 0.652 0.132 0.18 13.0 0.683 0.653 0.328 0.03 4.1 0.619 0.657 0.431
		115 12 12 12 12 12 12 12 12 12 12 12 12 12			SAC SAC L4 L3 L2 L1 T12

films. To clearly demonstrate the relative motions between two bones, comparable pointmarks must be used and an axis system based on these pointmarks. If this procedure is not followed then the interpretation of the relative motion becomes very difficult.

In conclusion, these screw axis parameters are presented primarily to demonstrate the feasibility of obtaining a description of spinal kinematics with respect to seated position. They describe measured positions of the lumbar spine, sacrum, and innominate with anatomical landmarks important to an understanding of the relationship between position and mobility of the seated position.

5.5.3 Position vectors for screw axis location

For each measured position and subsequent motion analysis, many position vectors can be utilized to locate the screw axis and bones relative to an external reference system. In the present investigation, two basic position vectors were calculated.

First, the origin of an axis system describing each bone is defined (Table 5.13) by vectorially summing the target coordinates and calculating the average position vector, i.e., "center of gravity" of each bone. The orientation of the axes is kept parallel to the SRP frame of reference previously described.

Second, a point on the screw axis closest to the inferior bone "center of gravity" is calculated (Table 5.14). That is, a position vector in the inferior bone frame of reference defines a point on the screw axis for comparison with anatomical pointmarks on both bones. In this instance, the inferior bone refers to the fixed bone closest to the seat; e.g., L4 is the inferior bone for motion of L3. Therefore, when data are analyzed in comparable anatomical frames of reference and joint surfaces are defined by three-dimensional pointmarks, location of the closest point on the screw axis provides a basis for anatomical evaluation of the movements. The data presented in Table 5.14, however, were calculated using cadaver targets reported in Table 5.10. These pointmarks are not, strictly speaking, anatomically comparable between bones. Consequently, the results have some differences due to imprecise location of the targets used in defining the inferior bone frame.

As in the screw axis parameter results, considerable variation appears to exist in the location of the closest point on the screw axis. These data, however, are only as comparable as the definition of each axis system; and the use of imprecisely located cadaver pointmarks has already been noted. In order to reduce the effect of the anatomical axes systems for these data, the position vector in Table 5.14 was vectorially summed with the position vector (Table 5.13) of the bone frame origin in the SRP axis system. The resulting set of position vectors of the closest point on the screw axis to the inferior bone frame origin in the SRP axis system is presented in Table 5.15.

Each motion segment screw axis has two position vectors. A position vector that describes the closest point for the first position and a corresponding position vector for the second position. For example, the first position in Table 5.15 is SEATERCT. There are position vectors for each bone in the SEATERCT position. Since a screw axis describes the change of position from SEATERCT to LBAR 3.0 (which is the initial lumbar extension

Table 5.13. Center of gravity defined by average of each coordinate set

	Bone Origin in SRP for SEATERCT				Bone Origin in SRP for LBAR 3.0			Bone Origin in SRP for LBAR 4.0		
	X	У	z	X	У	z	X	y y	z	
		•			•			•		
SRP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
INNR	10.39	-7.70	16.29	10.69	-7.67	16.38	10.85	-7.64	16.37	
SAC	-0.63	1.10	13.31	-0.49	1.25	13.58	-0.37	1.33	13.69	
L4	0.68	1.01	20.37	1.04	1.21	20.59	1.25	1.30	20.69	
L3	0.08	0.47	22.89	0.31	0.69	23.06	0.71	0.79	23.20	
L2	_	-	_	-0.60	2.08	25.86	-0.31	2.19	25.95	
Ll	-2.38	1.20	28.80	-1.98	1.59	28.98	-1.70	1.73	29.06	
T12	-3.93	1.04	31.99	-3.39	1.54	32.11	-3.07	1.70	32.17	
	Bone	Origin	in	Bone	Origin	in	Bone	Origin	in	
		or LÉAR			or LÉAR		SRP for LBAR 5.5			
	x	У	Z	x	Y	z	x	У	z	
SRP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
INNR	11.11	-7.50	16.35	11.41	-7.41	16.31	11.83	-7.32	16.29	
SAC	-0.12	1.39	13.82	0.07	1.42	13.97	0.43	1.43	14.13	
L4	1.60	1.38	20.79	1.93	1.44	20.90	2.40	1.49	21.02	
L3	1.06	0.81	23.31	1.49	0.98	23.45	1.94	0.99	23.56	
L2	0.06	2.29	26.05	0.43	2.37	26.18	1.01	2.43	26.31	
Ll	-1.25	1.83	29.15	-0.87	1.92	29.25	-0.27	2.00	29.37	
T12	-2.61	1.79	32.23	-2.24	1.90	32.32	-1.59	2.12	32.42	
	D	0	1	D =	0-1-1-	1_	D-11-0	0-1-1-		
		Origin or SEAT			Origin or SEAT			Origin		
	SKP I	OI SEAT	EUPI	SKP I	OL SEAT	EDF 2	SKP I	Or Sibe	DEAD	
	x	y	z	×	A	z	×	У	Z	
SRP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
INNR	12.30	-6.95	17.63	-	-	-	10.75	-8.55	17.26	
SAC	4.44	1.89	9.00	11.66	1.01	7.46	0.38	-0.55	11.18	
L4	1.45	1.98	16.35	7.02	1.18	13.94	-0.51	-0.64	18.93	
L3	-0.83	1.33	19.64	3.99	0.54	16.70	-1.87	-1.66	22.08	
L2	-3.52	2.58	22.38	0.69	1.80	18.83	-	-	-	
Ll	-2.97	2.15	26.38	0.36	1.48	22.89	-4.9 0	-1.88	27.95	
T12	-4.76	1.88	30.13	-2.07	1.32	26.33	-4.71	-3.61	31.78	

Table 5.14. Closest point on screen wis by position pairs: Movement relative to Bone frame.

LBAR 4.0 - LBAR 4.5 x y z	9.37 0.17 2.83 -9.43 17.44 -1.47 0.83 -2.08 1.79 4.18 -0.13 5.50 -0.92 3.20 5.01 -0.77 -2.62 0.93 -0.27 3.57 2.69	.0 - LEA Y 0.65	-8.24 4.42 0.03 1.93 0.03 6.55 1.90 4.08 -0.08 0.88 2.81 -1.16 1.69 -2.71 2.21 0.92 0.11 2.88
LBAR 3.0 - LBAR 4.0 x y z	5.68 0.86 1.88 -7.25 10.55 1.46 -3.59 0.28 1.24 1.49 5.96 -0.88 -1.70 4.06 -1.71 -4.15 3.03 -0.99 -0.83 0.95 1.82	.0 - LES Y 1.16	-8.33 8.80 -2.21 2.32 -1.64 1.83 0.27 2.19 -0.16 -1.83 6.02 -1.86 -0.14 -0.07 -0.36 -2.73 -1.25 -1.82
SEATERCT - LEAR 3.0 x	۱	LEAR 4.5 - LEA × Y 7.49 0.22	29.78 1.42 -6.76 1.67 5.05 -3.92 -0.01 1.77 -0.15 -2.13 4.28 -1.83 -0.62 1.85 1.09 2 -0.11 -0.32 2.34
	112 112	Ź	35555g

Data presented in previous bone frame represents the SRP. Data presented relative to L3 since no data on L2.

Table 5.14 (continued)

SEATEDP1 - SEATEDP2 x Y z	2.11 -2.13 -4.11 0.31 -0.89 9.26 -1.05 1.37 -0.02 1.77 -2.52 2.59 -0.60 -3.36 -0.93	
SEATERCT - SEATEDP1 x Y z	9.26 -0.67 20.61 -1.71 21.48 -53.28 2.67 0.41 7.31 1.26 -1.18 5.00 2.80 -0.60 4.38 2.73 -0.07 2.99	SEATERCT - SIDEBEND x y z 7.34 4.34 14.35 -10.73 -1.68 -0.17 4.83 -2.08 7.98 -0.07 -0.93 4.96 -0.59 -2.47 3.69 1.12 -2.38 2.02
SEATERCT - LBAR 5.5 S x y z	10.32 1.66 1.91 -14.00 6.21 3.02 - 3.52 -3.51 7.13 -0.16 -0.69 2.37 0.00 1.38 3.94 0.35 -1.60 3.66	SEATERCT - SEATEDP2 S x y z y z
	SAC SAC 113 112 112 112	INNR SAC 1.13 1.12 1.12

Table 5.15. Position vectors of the closest point on the screw axis to the center of gravity in the SRP frame of reference.

		SEA!	TERCT	•		LBA	R 3.0	
	x	y	z	$D_{\mathbf{I}}$	x	У	Z	D
INNR	8.31	5.41	4.18	10.76	0 21	C 41	4 10	10.70
SAC	-5.16	0.33	19.98	20.64	8.31	5.41	4.18	10.76
	-5.16 -5.04	-6.79	19.51	21.26	-4.86	0.36	20.07	20.65
L4					-4.90	-6.64	19.78	21.43
L3	2.32	3.39	18.67	19.12	2.70	3.59	18.89	19.42
L2 ₂	- -1.76	6.28	22 01	24 70	-	-	-	-
			23.91	24.78	-1.53	6.50	24.08	24.99
T12	-4.09	-2.21	29.92	30.28	-3.68	-1.82	30.10	30.38
		LBA	R 3.0			LBAF	R 4.0	
	x	y	z	D	x	y	Z	D
	- 40							
INNR	5.68	0.86	1.88	6.04	5.68	0.86	1.88	6.04
SAC	3.44	2.88	17.84	18.40	3.60	2.91	17.83	18.42
L4	-1.45	-2.04	10.55	10.84	-1.33	-1.96	13.66	13.86
L3	2.53	7.17	19.71	21.13	2.74	7.26	19.81	21.28
L2	-1.39	4.75	21.35	21.92	-0.99	4.85	21.49	22.05
Ll	-4.75	5.11	24.87	25.83	-4.46	5.22	24.96	25.89
T12	-2.81	2.54	30.80	31.03	2.53	2.68	30.88	31.10
		LBA	R 4.0			LBAF	R 4.5	
	x	У	z	D	×	У	Z	D
INNR	9.37	0.17	2.83	9.79	9.37	0.17	2.83	9.79
SAC	1.42	9.80	14.90	17.89	1.68	9.94	14.88	17.91
L4	-1.93	-0.94	19.41	19.53	-1.68	-0.88	19.54	19.63
L3	5.43	1.17	26.19	26.77	5.78	1.25	26.29	26.95
L2	-0.21	3.99	28.21	28.49	0.14	4.01	28.32	28.60
Ll	-1.08	-0.43	26.88	26.91	-0.71	-0.33	26.98	26.99
T12	-L.97	- 20	31.75	32.25	1 50	E 40	31.84	32.33
	-4.57	5.30	31.73	34.25	-1.52	5.40		
	-u. 97			32.25	-1.52			
		LBA	R 4.5			LBAF	R 5.0	ח
	х			D	-1.52 x			D
INNR	x 7 .4 9	LBAI Y 0.22	R 4.5 z 2.24	D 7.82	x 7.49	L PA F Y 0.22	2.24	7.82
SAC	x 7.49 1.33	LBAI Y 0.22 -6.08	2.24 9.59	D 7.82 10.24	x 7.49 1.63	LEAF y 0.22 -5.99	2.24 9.55	7.82 11.39
SAC L4	x 7.49 1.33 1.96	LBAI Y 0.22 -6.08 3.32	2.24 9.59 19.67	7.82 10.24 20.04	x 7.49 1.63 2.15	LEAF Y 0.22 -5.99 3.35	2.24 9.55 19.82	7.82 11.39 20.22
SAC L4 L3	x 7.49 1.33 1.96 1.59	LBAI Y 0.22 -6.08 3.32 3.15	2.24 9.59 19.67 20.64	7.82 10.24 20.04 20.94	x 7.49 1.63 2.15 1.92	LEAF Y 0.22 -5.99 3.35 3.21	2.24 9.55 19.82 20.75	7.82 11.39 20.22 21.08
SAC L4 L3 L2	x 7.49 1.33 1.96 1.59 -1.02	LBAI Y 0.22 -6.08 3.32 3.15 5.09	2.24 9.59 19.67 20.64 21.48	7.82 10.24 20.04 20.94 22.10	x 7.49 1.63 2.15 1.92 -0.64	LEAF Y 0.22 -5.99 3.35 3.21 5.26	2.24 9.55 19.82 20.75 21.62	7.82 11.39 20.22 21.08 22.26
SAC L4 L3	x 7.49 1.33 1.96 1.59	LBAI Y 0.22 -6.08 3.32 3.15	2.24 9.59 19.67 20.64	7.82 10.24 20.04 20.94	x 7.49 1.63 2.15 1.92	LEAF Y 0.22 -5.99 3.35 3.21	2.24 9.55 19.82 20.75	7.82 11.39 20.22 21.08

 $^{^{\}mathbf{1}}\mathrm{D}$ is the distance between the closest point and the center of gravity.

 $^{^2}$ Since L2 bone frame data are missing for SEATERCT positions, the L3 bone frame was used for these L1 screw axis point position vectors.

Table 5.15 (continued)

		r DAD	E 0			LBAR	5.5	
		LBAR Y	2 Z	D	x	У	Z	D
	x	y	•	_			_ ==	0 77
INNR	9.29	1.16	-2.79	9.77	9.29	1.16	-2.79	9.77
SAC	3.08	1.30	14.10	14.50	3.50	1.48	14.08	14.58
L4	2.39	-0.22	15.80	15.98	2.75	-0.21	15.96	16.20
L4 L3	2.20	3.63	20.74	21.17	2.67	3.68	20.86	21.35
L2	-0.34	7.00	21.59	22.70	0.11	7.01	21.70	22.80
Ll	0.29	2.30	25.82	25.92	0.87	2.36	25.95	26.07
Tl2	-3.60	0.67	27.43	27.67	-3.00	0.75	27.55	27.72
112	-3.00	0,0,				- 010	. .	
		LBAR	3.0			LBAR	2 · 2	D
	x	У	z	D	x	У	L	
		0.65	0.77	8.19	8.13	0.65	0.77	8.19
INNR	8.13	0.65	17.02	17.50	3.59	-2.90	16.93	17.55
SAC	2.45	-3.25	20.13	20.22	2.36	1.46	20.68	20.86
L4	1.44	1.25	20.13	21.38	4.30	5.57	20.96	22.11
r3	2.94	5.29	21.90	22.21	2.82	3.80	22.40	22.89
L2	1.19	3.50		28.10	2.70	-0.28	28.52	28.65
Ll	1.09	-0.63	28.07 31.86	331.92	0.65	2.11	32,25	32.33
Tl2	-1.06	1.70	31.00	331.72	0.00			
		SFA'	TERCT				R 5.5	
	×	У	z	D	x	Y	Z	D
	^	1					1.91	10.63
INNR	10.32	1.66	1.91	10.63	10.32	1.66		19.46
SAC	-3.61	-1.49	-36.99	37.20	-2.27	-1.11	19.31	21.72
LA	2.89	-2.41	20.44	20.78	3.95	-2.08	21.26	23.51
L3	0.52	0.32	22.74	22.75	2.24	0.80	23.39	23.31
L2	-	-	-	-	_	-	- 27.50	27.67
Ll	0.08	1.85	26.83	26.89	1.84	2.37	33.03	33.03
T12	-2.03	-0.40	32.46	32.53	0.08	0.40	33.03	33.03
						SEA	TEDP1	
			TERCT	2	x	У У	Z	D
	x	У	Z	D	^	1	_	
~~~	9.26	-0.67	20.61	22.60	9.26	-0.67	20.61	22.60
INNR		13.78	-36.99	40.42	10.59	14.53	-35.65	39.93
SAC	8.68	1.51	20.62	20.78	8.11	2.30	16.31	18.36
L4	2.04	-0.17	25.37	25.44	2.71	0.80	21.35	21.54
Ľ3	1.94	-0.17	س س	_	_	-	-	
L2	2 51	-0.25			1. <del>9</del> 7	0.73	24.02	24.11
Ll	2.51	1.22	32.13		0.24	2.08	29.37	29.44
T12	1.33	1.44	26.13	J-4 - 2-4				

Table 5.15 (continued)

	SEATEDPl					SEATEDP2			
			Z	D	x	У	Z	D	
	×	У	2			•			
		_	_	-	_	-	-	-	
INNR	-	_	_	~	_	_	~	-	
SAC	-	- 24	4.89	8.18	13.77	-1.12	3.35	14.22	
L4	6.55	-0.24		25.69	7.33	0.29	23.20	24.33	
L3	1.75	1.09	25.61	19.89	2.94	1.91	16.68	17.04	
L2	-1.88	2.70	19.62		2.46	-0.72	21.42	21.57	
Ll	-1.75	0.06	24.97	25.03	-0.24	-1.88	21.96	22.04	
T12	<b>-3.57</b>	-1.21	25.45	25.73	-0.24	1.00	22,50		
		CENT	ERCT			SEAT	EDP2		
				D	x	У	z	D	
	X	Ä	Z	U		•			
			_	_	-	-	-	-	
INNR	-		_	_	-	-	-	-	
SAC	-	-	22 67	22.73	12.50	1.51	16.82	21.01	
L4	0.21	1.60	22.67	25.85	7.13	0.10	19.41	20.68	
L3	0.79	-0.07	25.84	25.65	7.13	-	-	-	
L2	-				5.09	1.02	21.94	22.55	
Ll	0.89	0.83	28.70	28.73	1.93	-0.79	27.57	27.65	
T12	0.17	-0.98	33.82	33.83	1.93	-0.75	2		
		CDA:	TERCT			SID	EBEND		
				D	×	У	Z	D	
	X	У	Z	U		•			
			34 25	16.69	7.34	4.34	14.35	16.69	
INNR		4.34	14.35	18.65	0.02	-10.23	17.09	19.92	
SAC	-0.34	-9.38	16.12		5.21	-2.63	19.16	20.03	
L4	4.20	-0.98	21.29	21.72	-0.58	-1.57	23.89	23.95	
$\mathbf{r}_{3}$	0.61	0.08	25.33	25.34			_	-	
L2	_	-		-	1 20	-4.13	25.77	26.13	
Ll	0.38	-2.12	27.15	27.24	-1.28	<b>-4.15</b>	29.97	30.52	
T12	-1.88	0.79	30.47	30.54	-3.78	-4.33	63.31	JU . JU	
-									

position), a second position vector is calculated for LBAR 3.0. Thus, two position vectors describe the relative location of the closest point on the screw axis to the change of position in each motion segment.

#### 5.6 RIGID BODY MODEL

Data presented herein assume that each bone is a rigid body; i.e., distances between any two targets (target pair) on the same bone remain unchanged during all cadaver positions and after the bone is excised and cleaned. Transformations calculated to describe the relative displacement assume stable, accurate three-dimensional coordinates, yet the measured data have errors associated with the experiment, instrumentation and human operator. As a result, various analytical methods have been developed to use these data within a rigid body analysis framework.

## 5.6.1. Errors in empirical data

- 5.6.1.1. Loss of cadaver target Cadaver targets are implanted with a spring-loaded syringe and are, therefore, dependent upon being wedged in the bone so that they stay fixed relative to the bone and one another. Due to incomplete wedging, a target can move slightly inside the bone; or, with incomplete penetration, the target can be located on the bone surface and fall off during cleaning. In the latter instances, the bone is examined closely; and a target is glued on if an impression remains at the site of the original cadaver target, or the probable location can be measured as the intersection of two radii from two targets that remained in the bone.
- 5.6.1.2. <u>Digitizing algorithm</u> The digitizing algorithm, discussed in Sections 4.2 and 4.3, can be a source of error on the resulting three-dimensional data in the inertial frame.
- 5.6.1.3. Film quality Occasionally, the six targets representing one bone cannot be correctly identified on the tube I and tube II film images. This type of error was eliminated for most cases; but if the film quality was poor, errors in the data are still present.
- 5.6.1.4. Random measurement error Random error by the technician digitizing the films, and from limitations of the digitizer board itself, are also present. However, these errors are negligible compared to the above three types of errors.

### 5.6.2 Minimizing effect of error in the data analysis

Confronted with different sources of error in the empirical data, SAL has used various methods to reduce their effect. The following procedures have been used or are being developed for use.

- 5.6.2.1. Repeated digitizing Random error is reduced by repeatedly digitizing every film pair several times. In most cases, seven sets of data are averaged. The sample size to obtain maximum statistical efficiency will be investigated.
- 5.6.2.2. <u>Rigidized displacement matrix</u> All displacement matrices are calculated from orthogonal unit vectors on a bone derived from the measured targets of the bone. Using orthogonalized unit vectors imposes a "rigid body" model on the bone; the displacement matrix is referred to as the "rigidized" displacement matrix.

5.6.2.3. Overdetermined displacement matrix In cases where more than three targets on a bone were measured accurately, the displacement matrix can be calculated from all targets available. Thus the displacement matrix is overdetermined. Rather than obtaining the result from three targets which is the minimum for a rigid body, the position is described by six targets. Mathematically, this methodology is expected to produce more stable data less affected by random errors.

For one point in position 1 displaced to position 2:

$$[D_{12}]$$
  $[V_1]$  =  $[V_2]$  (10)  
 $4 \times 4 \times 1 \qquad 4 \times 1$   
matrix matrix matrix

For m points, we have:

$$[D_{12}]$$
  $[v_1^i] = [v_2^i]$   $i = 1,...,m$  (11)

Putting all m position vectors in matrix form,

$$[D_{12}]$$
 [P1] = [P2] (12)

where

$$[P1] = (v_1^1, v_1^2, \dots, v_1^m)$$
 (13)

$$[P2] = (v_2^1, v_2^2, \dots, v_2^m)$$
 (14)

$$[D_{12}][P1][P1]^{T} = [P2][P1]^{T}$$
 (15)

$$[D_{12}] = [P2][P1]^{T} [[P1][P1]^{T}]^{-1}$$
 (16)

5.6.2.4. <u>Statistical axis system definition</u> Preliminary results from this approach have shown some numerical problems in solving the matrix equation. Points on the bone are used, and this provides the most insensitive linearly solved coordinate system. A method has been developed by Menashe Brosh, not yet published, and will be investigated further.

#### 6.0 DISCUSSION AND CONCLUSIONS

## 6.1 VARIATIONS IN MOTION PARAMETERS FOR SUBJECT #18

The current data reported for subject #18 reflect considerable variation when examined with respect to the orientation of the screw axis and the position vector of a point on the screw axis. Some of the motions reported by the displacements (S) and rotations ( $\phi$ ) in Table 5.12 are at the current resolution limits of the stereoradiographic measurement system in SAL. Orientations of the screw axes reported in Table 5.12 indicate for some motion segments that the axis of rotation is primarily about the z-axis (a rotation in the horizontal plane); and for other motion segments, the axis of rotation is primarily about the x-axis (rotation in the frontal plane). There appear to be multiple explanations for this variation.

a) <u>Subject position</u>. The cadaver was not placed symmetrically with the laboratory axis system. In addition, the spinal column is not aligned

in the sagittal plane.

b) Anatomical axis system definition. Since the bones pointmarks were not used in the screw axis analysis and the cadaver targets were not located at anatomical pointmarks, there is variation due to use of non-comparable axis systems.

c) <u>Loading to produce motion</u>. The device built to establish positions in lumbar extension produced a moment acting on the spinal column producing a rotation in the XY plane in addition to extension in the XZ

plane.

- d) <u>Erroneous data</u>. The position and orientation of the glass rod were inadvertently changed for SEATERCT, SEATEDP1, SEATEDP2, and SIDEBEND positions. Consequently, these positions are not strictly comparable to the better data in the LBAR series for lumbar extension. Thus, there are errors in the data attributable to the experiment, i.e. misalignment of the glass rod.
- e) Unknown nature of soft tissue. The biomechanical properties of the cadaver's soft tissue, i.e. ligaments and disc, are unknown. As discussed in the literature review, the soft tissues are extremely important in spinal kinematics.

In conclusion, variation in the motion data appears to be primarily attributable to experimental and analytical parameters that can be improved and better controlled. Thus, with succeeding subjects, these sources of error will either be eliminated or minimized.

### 6.2 IMPROVEMENTS IN SYSTEMS ANTHROPOMETRY LABORATORY

Projected improvements for SAL, discussed in detail in previous sections of this report, may be summarized as follows:

6.2.1 Use of quartz cube

As pointed out in Section 4.0, the digitizing algorithm is dependent on the perpendicularity of glass rod to film plane. Either improved alignment procedures for the glass rod or a new calibration device, a 3-D quartz cube with targets on each corner, will replace the current laboratory procedure. Since the geometry of the quartz cube is known in three dimensions, it may prove a better device for use in merging the film pair.

6.2.2 Digitizing error detection

One digitizing difficulty has been identification of the same target in a stereo pair. Analytical detection of this type of error will be built into the digitizing program. A computer upgrade from the GA16-460 to a GA16-480 with 128K memory will allow greater development of the digitizing program.

6.2.3 Increase of accuracy in axis system definition

Six targets per bone have been used in the present experiment. However, the targets could not be utilized in calculations because of numerical problems in solving matrix equations. Future study will address the reduction or elimination of this difficulty. Details have been discussed in Section 5.6.

6.2.4 Targeting technique

The success of the anthropometric investigation depends to a large degree upon implanting targets in the skeletal system in such a manner that they remain in the same relative location through the cadaver motion study, skeletal preparation, and bone targeting procedure. An improved system for target implantation has been developed.

6.2.5 Redigitize previous films

Data from three subjects were not presented in this final report because the digitizing algorithm has continually been improved; only the most recent subject's data have been considered here. The films from Subjects 15, 16, and 17 will be measured as part of the ongoing research in SAL; they will be digitized and the data submitted to the Air Force Aerospace Medical Research Laboratory.

### 6.3 UNIQUE THREE-DIMENSIONAL DATA

Data presented in this report are unique to Systems Anthropometry Laboratory. A major objective of research in SAL has been to develop a three-dimensional anthropometric methodology that can describe position and mobility of the human body from measured data. Data are measured to describe the body as an anthropomechanical system; i.e., a dynamic linkage system with mass properties that must be defined by independent but comparable axes systems. The laboratory has emphasized development of three-dimensional axes systems for each link in the body with which joint kinematics and/or mass distribution can be defined. Position and mobility of the body linkage system has therefore been defined by anatomical frames of reference relative to a laboratory axis system.

Rigid body assumptions have been used to investigate joint kinematics. The traditional linkage system for a set of rigid bodies is defined as the functional straight-line distance between opposing joints. This is an appropriate model of the human body's appendages, in which there is one functional joint at the ends of each link. Structurally and functionally, the torso presents a different set of conditions.

Each vertebra (i.e., link) joint has complementary surfaces determining the position and mobility of the vertebra. That is, a superior articular facet is complemented by an inferior articular facet. On each vertebra there are a pair of superior articular facets and a pair of inferior articular facets. A complex separation of two vertebrae bodies complete the mechanical joint (vertebral body - disc - vertebral body). As a result of this complicated anatomical structure, i.e. soft tissue connections, articular facets and disc, motions are coupled in the vertebral column. The vertebrae, therefore, require a more complicated simulation than do the appendage joints, which are generally modeled as mechanical joints such as a ball-and-socket or hinge.

In summary, the research investigation in SAL studies kinematics in the torso to describe the anthropomechanical linkage system from hip to shoulder joints. To measure representative positions of the living body in a physiologically passive state, the kinematic system is studied in unembalmed cadavers. With the use of anatomical frames of reference defined by comparable pointmarks in the skeletal system, position and mobility data

between subjects can be measured and compared.

In conclusion, the unique data collected in SAL can provide a complete anatomical geometry for current simulations. It provides the basis for a kinematic description of the human body previously unavailable. With these three-dimensional data, improvements in models can be made that will simulate the ergonomic performance or dynamic response of the human body with greater biofidelity.

# 7.0 APPENDICES

# 7.1 APPENDIX A: GLOSSARY OF ANATOMIC LANDMARKS

*Note: Following is a list of terms which specify anatomic landmarks which are identified by the Systems Anthropometry Laboratory on the spinal column, pelvic girdle, and femur of cadaveric research subjects. The acronym by which each pointmark is known and a description of the point is provided.

# SACRUM

PROMO	<u>Promontorion</u> : The midpoint of the anterior-superior margin on the base of the first sacral segment (excluding exostoses).
SIBDYP	Posterior Point on First Sacral Vertebral Body: The mid- point of the postero-superior margin on the base of the first sacral segment. This point is posterior to Promon- torion.
SACBLL	Left Lateral Point on First Sacral Vertebral Body: The most lateral point on the left articular surface of the first sacral body. In cases with "lipping" present, the point was estimated as the most lateral point on the superior surface that would be found in the general contour without any lipping.
SACBLR	Right Lateral Point on First Sacral Vertebral Body: Same as description above, except on the right articular surface.
SAFLSL	Superior Articular Facet: Lateral Superior, Left: The point is the most superior point on the lateral side of the left superior articular facet of the sacrum.
SAFMSL	Superior Articular Facet: Medial Superior, Left: The point is the most superior point on the medial side of the left superior articular facet of the sacrum.
SAFLIL	Superior Articular Facet: Lateral Inferior, Left: The point is the most inferior point on the medial side of the left superior articular facet of the sacrum.
SAFLSR	Superior Articular Facet: Lateral Superior, Right: The point is the most superior point on the lateral side of the right superior articular facet of the sacrum.

- SAFMSR Superior Articular Facet, Medial Superior, Right: The point is the most superior point on the medial side of the right superior articular facet of the sacrum.
- SAFLIR Superior Articular Facet, Lateral Inferior, Right: The point is the most inferior point on the lateral side of the right superior articular facet of the sacrum.
- SAFMIR Superior Articular Facet, Medial Inferior, Right: The point is the most inferior point on the medial side of the right superior articular facet of the sacrum.
- SPOLLS Superior Pole, Left Sacrum: A point on the posterior margin of the sacroiliac joint surface that lies on a line bisecting the superior pole of the joint surface.
- SLSMLS Superior Lobe, Superior Margin Midpoint, Left Sacrum: A point along the superior margin of the superior pole of the left sacroiliac joint surface that lies on a perpendicular line that bisects the line passing between the sacroiliac midpoint and superior pole.
- SLIMIS Superior Lobe, Inferior Margin Midpoint: A point along the inferior margin of the superior pole of the sacroiliac joint surface that lies on a perpendicular line that bisects the line passing between sacroiliac midpoint and the superior pole.
- SACMPL Sacroiliac Midpoint, Left Sacrum: The point that lies at the intersect of the lines which bisect the superior and inferior poles of the left sacroiliac joint.
- If pMLS Inferior Lobe, Posterior Margin, Left Sacrum: A point along the posterior margin of the left inferior lobe that lies on a perpendicular line bisecting the line between the sacroiliac midpoint and the inferior pole.
- ILAMIS

  Inferior Lobe, Anterior Margin, Left Sacrum: A point along the anterior margin of the inferior lobe of the left sacroiliac joint surface that lies on a perpendicular line bisecting the line between the sacroiliac midpoint and the inferior pole.
- IPOLLS <u>Inferior Pole, Left Sacrum</u>: A point of the inferior margin which lies on a line bisecting the inferior pole of the left sacroiliac joint.
- SPOLRS

  Superior Pole, Right Sacrum: A point on the posterior margin of the sacroiliac joint surface that lies on a line bisecting the superior pole of the joint surface.

- SISMRS

  Superior Lobe, Superior Margin Midpoint, Right Sacrum: A point along the superior margin of the superior pole of the sacroiliac joint surface that lies on a perpendicular line that bisects the line passing between the sacroiliac midpoint and superior pole.
- SLIMRS

  Superior Lobe, Inferior Margin Midpoint, Right Sacrum: A point along the inferior margin of the superior pole of the right sacroiliac joint surface that lies on a perpendicular line that bisects the line passing between sacroiliac midpoint and the superior pole.
- SACMPR Sacroiliac Midpoint, Right Sacrum: The point that lies at the intersect of the lines which bisect the superior and inferior poles of the sacroiliac.
- IFPMRS

  Inferior Lobe, Posterior Margin, Right Sacrum: A point along the posterior margin of the right inferior lobe that lies on a perpendicular line bisecting the line between the sacroiliac midpoint and the inferior pole.
- ILAMRS

  Inferior Lobe, Anterior Margin, Right Sacrum: A point along the anterior margin of the inferior lobe of the right sacroiliac joint surface that lies on a perpendicular line bisecting the line between the sacroiliac midpoint and the inferior pole.
- IPOLRS Inferior Pole, Right Sacrum: A point on the inferior margin which lies on a line bisecting the inferior pole of the right sacroiliac joint.
- CSACSM Dorsal Spine of the First Sacral Vertebra in Cadaver: The most superior point on the dorsal spine of the first sacral segment.
- CSACLT Sacrum Left Point, in Cadaver: Point targeted in cadaver on the left side of the sacrum at S2-S3.
- CSACRT Sacrum Right Point, in Cadaver: Point targeted in cadaver on the right side of the sacrum at S2-S3.
- P-CAUD <u>Caudion, Posterior</u>: The midpoint of the posteriorinferior margin of the last sacral segment. Morphological observations should be examined to determine the exact sacral or coccygeal vertebra upon which Caudion was located.
- CSACS1 Dorsal Spine of the First Sacral Vertebrae in Cadaver:
  The most inferior point on the dorsal spine of the first sacral segment.
- CSACL1 Sacrum Left Point, in Cadaver: 2nd point targeted in cadaver on the left side of the sacrum at S4.

CSACRI Sacrum Right Point, in Cadaver: 2nd point targeted in cadaver on the right side of the sacrum at S4.

SAFMPL Superior Articular Facet, Midpoint, Left: The midpoint of the left articular facet of the sacrum.

SAFMPR Superior Articular Facet, Midpoint, Right: The midpoint of the right articular facet of the sacrum.

## VERTEBRAE

(L5 will be used as an example.)

SLSL5L Superior Articular Facet, Lateral Superior L5, Left Side:
The point is the most superior point on the lateral side of the left superior articular facet of L5.

SMSL5L Superior Articular Facet, Medial Superior L5, Left Side:
The point is the most superior point on the medial side of the left superior articular facet of L5.

SLIL5L Superior Articular Facet, Lateral Inferior L5, Left Side:
The point is the most inferior point on the medial side of
the left superior articular facet of L5.

SL5PPT Superior Body Surface L5, Posterior Point: The midpoint of the postero-superior margin of the L5 superior body surface.

SL5APT Superior Body Surface L5, Anterior Point: The midpoint of anterior-superior margin of the L5 superior body surface.

SLIGHT Superior Body Surface L5, Lateral Point Left: The most lateral point on the left side of the articular surface on the L5 superior body surface. In cases with "lipping" present, the point was estimated as the most lateral point on the superior surface that would be found in the general contour with no lipping present.

SL5BLR Superior Body Surface L5, Lateral Point Right: Same as description above, except on the right side of the articular surface.

ILSL5L Inferior Articular Facet, Lateral Superior L5, Left Side:
The point is the most superior point on the lateral side of the left inferior articular facet of L5.

IMSL5L Inferior Articular Facet, Medial Superior L5, Left Side:
The point is the most superior point on the medial side of the left inferior articular facet of L5.

- ILIL5L Inferior Articular Facet, Lateral Inferior L5, Left Side:
  The point is the most inferior point on the lateral side of the left inferior articular facet of L5.
- IMIL5L Inferior Articular Facet, Medial Inferior L5, Left Side:
  The point is the most inferior point on the medial side of
  the left inferior articular facet of L5.
- ILSL5R Inferior Articular Facet, Lateral Superior L5, Right Side:
  The point is the most superior point on the Iteral side of the right inferior articular facet of L5.
- IMSL5R Inferior Articular Facet, Medial Superior L5, Right Side:
  The point is the most superior point on the medial side of
  the right inferior articular facet of L5.
- ILIL5R Inferior Articular Facet, Lateral Inferior L5, Right Side:
  The point is the most inferior point on the lateral side of the right inferior articular facet of L5.
- IMILSR Inferior Articular Facet, Medial Inferior L5, Right Side:
  The point is the most inferior point on the medial side of
  the right inferior articular facet of L5.
- IL5PPT Inferior Body Surface L5, Posterior Point: The midpoint of the posterior margin of the L5 inferior body surface.
- IL5APT Inferior Body Surface L5, Anterior Point: The midpoint of the anterior margin of the L5 inferior body surface.
- ILSBLL Inferior Body Surface L5, Lateral Point Left: The most lateral point on the left side of the articular surface of the L5 superior body surface.
- TPL5LT Transverse Process L5, Left Side: The most projecting point on the left transverse process of L5. In the case of a large contact area, the midpoint of the contact area is targeted.
- CLOSTL Transverse Process L5, Left Side, in Cadaver: Same as description above, target implanted in bone while cadaver is intact.
- CLOSTL. Left Point in Cadaver: 2nd left point, more medial than
- TPL5RT Transverse Process L5, Right Side: The most projecting point on the right transverse process of L5.
- CLOSTR Transverse Process L5, Right Side, in Cadaver: Same as preceding description, target implanted in bone while cadaver is intact.

CLO5Rl	L5 Right Point in Cadaver:	2nd right point more media
	than CLOSTR.	- <del>-</del>

SPMIL5	L5 Spin	ous Midpoin	t:	The	mo	st	projec	ting	poi	nt on	the
		process. I	In	case	of	a	large	surf	ace	area,	the

CLO5SM	L5 Spinous	Point, in	Cadaver:	The m	nost	superior	target	on
	L5 spinous p					-	_	

SFML5L	Superior Articular Facet, Midpoint, L5 Left:	The midpoint
	of the left superior articular facet of L5.	_

SFML5R	Superior	Articular	Facet,	Midpoint,	L5	Right:	The	mid-
	point of	the right s	uperior	articular	facet	of L5.		

IFML5L	Inferior Articular Facet, Midpoint, L5 Left: The m	nidpoint
	of the left inferior articular facet of L5.	_

IFML5R	Inferior	Articular	Facet,	Midpoint,	L5	Right:	The	mid-
	point of	the right i	inferior	articular	facet	of L5.		

## **FEMUR**

(Left femur used as an example.)

HFEMRL		Femur, Le					on	head
	measured	by obtaining	g total mo	orpholo	gical leng	gth.		

TROCHL Trochanterion, Left: The most superior point of the trochanter along the medial lip border.

CFMLTL Trochanterion, Left, in Cadaver: Same as preceding description, marked in cadaver.

CFEMAL Femur, Midpoint Left, in Cadaver: A point targeted in the cadaver at the approximate midpoint of the femur.

ADTUBL Adductor Tubercle Point, Left Femur: The point is the most projecting point of the adductor tubercle found on the superior region of the medial epicondyle, the insertion for adductor magnus.

CFMLME Medial Epicondyle, Left Femur in Cadaver: Point marked at the medial epicondyle in cadaver.

LEPICL <u>Lateral Epicondyle, Left Femur</u>: Found by placing the medial and laterial condyle in contact with the horizontal

surface of ostometric board. Move bone so that the lateral aspect of trochanter and the lateral epicondyle are in contact with one vertical plate. The lateral epicondyle is the point which is in contact with the vertical plate.

CFMLLE Lateral Epicondyle, Left Femur in Cadaver: Point marked at the lateral epicondyle in cadaver.

## INNOMINATE

(Left innominate used as an example. Insert "R" for Right innominate.)

ASNOTL Anterior Sciatic Notch Point, Left Innominate: The point on the inferior margin of the sciatic notch midway between ischial spinale and apex of the sciatic notch.

ACETIL Acetabulion, Inferior, Left Innominate: Position the hemisphere (Reynolds, Snow and Young, 1981) within the acetabulum so that the anterior extremity of one of the hemisphere diameter lines is opposite acetabulion anterior. Mark the point on the acetabular rim closest to the inferior diameter line when the innominate is held in the anatomical position.

ACETPL Acetabulion, Posterior, Left Innominate: Position the hemisphere within the acetabulum so that the anterior extremity of one of the hemisphere diameter lines is opposite acetabulion anterior. Mark the point on the acetabular rim closest to the posterior diameter line when the innominate is held in the anatomical position.

ACETAL Acetabulion, Anterior, Left Innominate: The most anteriorly projecting point defined on the pubic portion of the acetabular rim. It is found by rotating the innominate in the osteometric board from position 1 to position 2 (Reynolds, Snow, and Young, 1981).

ACETSL Acetabulion, Superior, Left Innominate: Position the hemisphere within the acetabulum so that the anterior extremity of one of the diameter lines is opposite acetabulion anterior. Mark the point on the acetabular rim closest to the superior diameter line when the innominate is held in the antomical position.

ACETCL Acetabulion, Center Point, Left Innominate: Position the hemisphere within the acetabulum so that the anterior extremity of one of the hemisphere diameter lines is opposite acetabulion anterior. Insert marker through H-point hole in the hemisphere and mark the contact point of the interior surface of the acetabulum.

ACETHL

H-Point, Left Innominate: Choose a plexiglass hemisphere which best fits the acetabulum of the right innominate. Position the hemisphere so that the anterior extremity of one of the perpendicular diameter lines is opposite acetabulion anterior. H-point is the center point of the hemispheric surface.

ISHALL

Ischiale, Left Innominate: The right innominate rests on its medial surface with the iliac blade and pubic symphysis in contact with the horizontal surface of an osteometric board. Move the bone into the right angle corner of the board in such a way that the superior border of the iliac crest is in contact with one of the vertical plates, and the anterior border of the iliac crest and the pubic bone are in contact with the second vertical plate of the osteometric board. Ischiale is defined as the highest point on the ischial tuberosity from the surface of the osteometric board.

PUBISL

Inferior Symphyseal Pole, Left Innominate: This point is found at the most inferior point on the margin of the symphyseal surface.

PUBSSL

<u>Superior Symphyseal Point, Left Innominate:</u> This point is found at the most superior point on the margin of the symphyseal surface.

**PUBTBL** 

<u>Pubotubercle</u>, <u>Left Innominate</u>: This point is found at the anterior most projecting point of the summit of the pubic tubercle when the innominate is held in the anatomical position.

CINLPT

<u>Pubic Tubercle in Cadaver, Left Innominate</u>: Same as description above, target implanted while cadaver is intact.

SCNOTL

Apex of Sciatic Notch, Left Innominate: The point on the sciatic notch border at the greatest perpendicular distance from an imaginary line between posterior-inferior iliospinale and ischial spinale (left innominate).

BOTUBL

Bouisson Tubercle, Left Innominate: The most prominent point on the tubercle of Bouisson found at the apex of the tubercle formed by the origin of m. piriformis (left innominate).

IPOLLI

<u>Inferior Pole</u>: A point on the inferior margin which lies on a line bisecting the inferior pole of the left sacroiliac joint.

ILAMLI

Inferior Lobe, Anterior Margin, Left Innominate: A point along the anterior margin of the inferior lobe of the sacroiliac joint surface that lies on a perpendicular line

bisecting the line between the sacroiliac midpoint and the inferior pole.

ILPMLT <u>Inferior Lobe, Posterior Margin, Left Innominate</u>: A point along the posterior margin of the inferior lobe that lies on a perpendicular line bisecting the line between the sacro-iliac midpoint and the inferior pole.

SUSMLI Superior Lobe, Superior Margin Midpoint, Left Innominate:
A point along the superior margin of the superior pole of the left sacroiliac joint surface that lies on a perpendicular line that bisects the line passing between the sacroiliac midpoint and superior pole.

SPOLLI Superior Pole, Left Innominate: A point on the posterior margin or the sacroiliac joint surface that lies on a line bisecting the superior pole of the joint surface (left innominate).

PIISL <u>Posterior Inferior Iliospinale, Left Innominate:</u> The most projecting point on the posterior auricular margin, left innominate.

**PSISL** Posterior Superior Iliospinale, Left Innominte: innominate rests on its medial surface with the iliac blade and pubic symphysis in contact with the horizontal surface of an osteometric board. Move the bone into the right angle corner of the board in such a way that the superior border of the iliac crest is in contact with one of the vertical plates and the anterior border of the iliac crest and the pubic bone are in contact with the second vertical plate of the osteometric board. Posterior superior iliospinale, the posterior superior iliac spine, is defined as the point along the posterior border of the iliac crest in contact with a moveable vertical plate oriented at right angles to the vertical plates of the osteometric board. In cases where a considerable area is in contact, the landmark is taken as the midpoint of the contact area.

CINLPS <u>Posterior Superior Iliospinale in Cadaver</u>: Same as description above, target implanted while cadaver is intact.

ILCRSL

Iliocristale, Summum, Left Innominate: The left innominate rests on its medial surface with the iliac blade and pubic symphysis in contact with the horizontal surface of an osteometric board. Move the bone into the right angle corner of the board in such a way that the superior border of the iliac crest is in contact with one of the vertical plates and the anterior border of the iliac crest and the pubic bone are in contact with the second vertical plate of the osteometric board. Iliocristale summum is defined as the point along the superior border of the iliac crest in contact with the vertical plate. In cases where a consider-

able area is in contact, the landmark is taken as the midpoint of the contact area.

ASISL

Left Iliospinale, Summum: The left innominate rests on its medial surface with the iliac blade and pubic symphysis in contact with the horizontal surface of an osteometric board. Move the bone into the right angle corner of the board in such a way that the superior border of the iliac crest is in contact with one of the vertical plates and the anterior border of the iliac crest and the pubic bone are in contact wit the second vertical plate of the osteometric board. Iliospinale summum, the anterior superior iliac spine, is defined as the point along the anterior border of the iliac crest in contact with the vertical plate. In cases where a considerable area is in contact, the landmark is taken as the midpoint of the contact area.

CINLAS

Anterior Superior Iliospinale in Cadaver: Same as description above, target implanted while cadaver is intact.

ILSCML

Sacroiliac Midpoint, Left Innominate: The point that lies at the intersect of the lines which bisect the superior and inferior poles of the left innominate's sacroiliac joint.

SYMPTL

Symphyseal Midpoint, Left Innominate: This point is the midpoint of the margin of the symphyseal surface of the left innominate.

## 7.2 APPENDIX B: COORDINATE DATA FOR SUBJECT #18 IN INERTIAL FRAME

The complete data for subject #18 are presented in the laboratory frame of reference described in Section 3.1.1.1. The following list includes both Bones and Motion data. The format by columns is as follows.

Column	Content
1-4 5-12 13-16 17-22 23-29 30-36 37-43 44-53	Subject ID Position of Cadaver or Bones Ignore (Internal Laboratory Code) Target Name (See Appendix A) X-coordinate (cm) in Inertial Frame Y-coordinate (cm) in Inertial Frame Z-coordinate (cm) in Inertial Frame Film ID
54-56	Initials of person digitizing film

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            9401CL015M
                         6.202 14.702 27.9540403820102LJB
            9401CL01TR 10,359
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0018LBARS4.59701QUBE04 49.846 20.262 59.1510110810607LJB 0018LBARS4.59701QUBE05 61,933 5.031 50.0500110810607LJB 0018LBARS4.59701QUBE06 50.295 5.005 49.9050110810607LJB 0018LBARS4.59701QUBE07 61.655 20.185 49.8780110810607LJB 0018LBARS4.59701QUBE08 49.864 20.177 49.8390110810607LJB 0018LBARS4.59701STGSRP 30.188 13.218 10.2980110810607LJR 0018LBARS4.59701STGT02 22.140 2.105 42.8380110810607LJB 0018LBARS4.59701STGT03 19.141 5.919 53.7630110810607LJB 0018LBARS4.59701STGT06 26.296 27.942 24.2040110810607LJB 0018LBARS4.59701STGT07 20.793 25.341 44.8770110810607LJR 0018LBARS4.59701STGT08 17.744 28.948 56.4460110810607LJB 0018LBARS4.59701STGT13 19.147 4.889 54.0540110810607LJB 0018LBARS4.59701STGT16 26.291 27.308 24.0880110810607LJE 0018LBARS4.59701STGT17 20.716 24.710 45.5330110810607LJR 0018LBARS4.59701STGT18 17.702 28.392 56.8220110810607LJB 0018LBARS4.59701WIRE02 0.089 0.001 30.4500110810607LJB 0018LBARS4.59701WIRE03 0.005 60.9780110810607LJB 0.048 0018LBARS4.59701WIRE08 0.116 30.513 30.4100110810607LJB 0018LBARS4.59701WIRE09 0.009 30.523 60.9440110810607LJB 0018LBARS5.09701CC07L1 24.677 13.419 76.1390110810405LJB 0018LBARS5.09701CC07R1 25.763 11.714 76.2220110810405LJB 0018LBARS5.09701CC07S1 23.178 13.227 75.5670110810405LJB 0018LBARS5.09701CC07SM 23.728 12.981 76.1050110810405LJB 0018LBARS5.09701CC07TL 25.788 14.003 78.1490110810405LJB 0018LBARS5.09701CC07TR 26.235 11.981 76.4110110810405LJR 0018LBARS5.09701CINLAS 42.669 28.493 27.7980110810405LJR 0018LBARS5.09701CINLFS 34.708 26.144 30.9760110810405LJB 0018LBARS5.09701CINLFT 44.731 17.124 18.2230110810405LJB 0018LBARS5.09701CINRAS 44.290 2.767 28.3520110810405LJB 0018LBARS5.09701CINRFS 36.801 2.583 33.5050110810405LJB 0018LBARS5.09701CINRFT 44.548 13.444 17.9950110810405LJB 0018LBARS5.09701CL01L1 29.938 16.155 40.4730110810405LJR 0018LBARS5.09701CL01R1 30.474 14.028 39.1640110810405LJR 0018LBARS5.09701CL01S1 28.510 15.040 37.8930110810405LJR 0018LBARS5.09701CL01SM 27.308 15.159 39.0270110810405LJB 0018LBARS5.09701CL01TL 30.046 16.139 40.6850110810405LJB 0018LBARS5.09701CL01TR 32.182 14.554 41.1520110810405LJR 0018LBARS5.09701CL02L1 31.902 15.864 36.0940110810405LJR 0018LBARS5.09701CL02S1 28.338 15.068 36.3590110810405LJR 0018LBARS5.09701CL02SM 28.417 14.566 36.3120110810405LJE 0018LBARS5.09701CL02TL 31.263 16.413 37.0340110810405LJE 0018LBARS5.09701CL03L1 31.977 16.459 33.9010110810405LJB 0018LBARS5.09701CL03R1 33.118 11.404 35.8640110810405LJR 0018LBARS5.09701CL03S1 29.074 14.710 33.0680110810405LJB 0018LBARS5.09701CL03SM 28.932 14.624 33.1730110810405LJB 0018LBARS5.09701CL03TL 32.724 16.695 32.3150110810405LJR 0018LBARS5.09701CL04L1 32.757 15.831 30.2880110810405LJR 0018LBARS5.09701CL04R1 33.654 12.796 33.0500110810405LJB 0018LBARS5.09701CL04S1 29.086 14.892 30.3030110810405LJR 0018LBARS5.09701CL04SM 29.637 14.996 30.6280110810405LJB 0018LBARS5.09701CL04TL 32.901 16.440 29.9330110810405LJB 0018LBARS5.09701CL05R1 33.607 12.790 30.3400110810405LJR 0018LBARS5.09701CL05TR 33.995 13.389 31.6290110810405LJR 0018LBARS5.09701CSACL1 29.763 16.570 20.2590110810405LJB

0018LBARS5.09701CSACLT 30.298 17.196 23.0630110810405LJB 0018LBARS5.09701CSACR1 30.999 13.763 19.2100110810405LJB 0018LBARS5.09701CSACRT 30.789 11.948 23.7640110810405LJB 0018LBARS5.09701CSACS1 29.613 14.112 25.2130110810405LJB 0018LBARS5.09701CSACSM 29.507 14.816 25.9930110810405LJB 0018LBARS5.09701CT01L1 23.488 14.094 74.0760110810405LJB 0018LBARS5.09701CT01R1 26.127 11.180 74.2580110810405LJB 0018LBARS5.09701CT01S1 21.861 13.647 74.1760110810405LJB 0018LBARS5.09701CT01SH 22.594 13.213 74.3390110810405LJB 0018LBARS5.09701CT01TL 25.231 14.473 74.8170110810405LJR 0018LBARS5.09701CT01TR 25.409 11.329 74.3110110810405LJB 0018LBARS5.09701CT04L1 22.909 15.730 67.7890110810405LUE 0018LBARS5.09701CT04R1 23.493 10.835 68.1830110810405LJE 0018LBARS5.09701CT04S1 20.604 14.228 67.5440110810405LJB 0018LBARS5.09701CT04SM 20.561 14.328 67.8490110810405LJB 0018LBARS5.09701CT04TL 23.648 15.391 70.1680110810405LJB 0018LBARS5.09701CT04TR 23.207 10.742 68.6560110810405LJB 0018LBARS5.09701CT08L1 22.809 15.727 54.9740110810405LJB 0018LBARS5.09701CT08R1 22.068 11.639 55.5630110810405LJB 0018LBARS5.09701CT08S1 20.588 15.114 54.7350110810405LJB 0018LBARS5.09701CT08SM 20.613 14.834 55.1830110810405LJR 0018LBARS5.09701CT08TL 22.273 16.882 55.7860110810405LJR 0018LBARS5.09701CT08TR 23.074 14.027 55.5160110810405LJB 0018LBARS5.09701CT11L1 25.955 16.926 46.2760110810405LJB 0018LBARS5.09701CT11R1 26.954 14.029 45.3010110810405LJB 0018LBARS5.09701CT11S1 25.246 15.436 44.8040110810405LJB 0018LBARS5.09701CT11SM 24.827 15.435 44.8930110810405LJB 0018LBARS5.09701CT11TL 27.169 17.157 46.5890110810405LJR 0018LBARS5.09701CT11TR 27.435 14.302 45.2410110810405LJB 0018LBARS5.09701CT12L1 28.172 15.921 43.6280110810405LJR 0018LPARS5.09701CT12R1 28.874 14.222 42.7650110810405LJP 0018LBARS5.09701CT12S1 26.585 14.993 41.4730110810405LJR 0018LBARS5.09701CT12SM 26.319 15.318 41.8780110810405LJR 0018LBARS5.09701CT12TL 28.307 16.302 43.6340110810405LJB 0018LBARS5.09701CT12TR 30.402 14.310 43.8420110810405LJR 0018LBARS5.09701GLR0D1 82.172 8.690 50.5040110810405LJB 0018LBARS5.09701GLR0D2 46.638 8.657 50.5040110810405LJB 0018LBARS5.09701FLXSLB 27.227 16.086 31.4940110810405LJB 0018LBARS5.09701PLXSLT 26.642 16.745 36.2900110810405LJB 0018LBARS5.09701PLXSRB 29.071 10.337 32.5760110810405LJB 0018LBARS5.09701FLXSRT 28.329 10.934 37.2900110810405LJB 0018LBARS5.09701QUBE01 61.935 5.073 59.2490110810405LJB 0018LBARS5.09701QUBE02 50.241 5.008 59.1660110810405LJB 0018LBARS5.09701QUBE03 61.545 20.211 59.2190110810405LJB 0018LBARS5.09701QUBE04 49.830 20.233 59.1440110810405LJR 0018LBARS5.09701QUBE05 61.937 5.001 50.0480110810405LJR 0018LBARS5.09701QUBE06 50.296 4.985 49.9130110810405LJB 0018LBARS5.09701QUBE07 61.620 20.166 49.8660110810405LJR 0018LBARS5.09701QUBE08 49.788 20.160 49.8310110810405LJR 0018LBARS5.09701STGSRP 30.183 13.217 10.3030110810405LJR 0018LBARS5.09701STGT02 22.121 2.097 42.8430110810405LJB 5.925 53.7620110810405LJB 0018LBARS5.09701STGT03 19.123 0018LBARS5.09701STGT06 26.230 27.946 24.1980110810405LJB 0018LBARS5.09701STGT07 20.725 25.340 44.8720110810405LUE

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